face.] When it touches your face, press the palm of your hand close to your face [The hand lifts and is pressed to the face], and when you are certain that that numbness has transferred from your hand to your face, drop your hand and your arm. You are going deeper and deeper relaxed with every breath you take. You can just feel that numbness being transferred from your hand to your face. That's fine. Just fine. Excellent. Now, after you are certain that the area on your face is numb, you can remove your hand and it will be normal but your face will be anesthetized.

[The glove anesthesia can be transferred to the abdomen by one or both hands. A posthypnotic suggestion can be given that the anesthesia can be transferred to the perineum at the appropriate time. As each site is anesthetized, the sensory proof of anesthesia can be demonstrated to the patient. However, one should remark:] Remember, you will know what I am doing, but you will feel no pain as I test for the degree of anesthesia. [This is consistent with what is known of the phylogenesis of the nervous system. Since pain is the most primitive of all sensations, it does not have as much cortical representation as the other senses. Discriminatory sensations such as touch, having been acquired later, have more representation in the cortex.]

MANAGEMENT OF LABOR

INTRODUCTION. When labor actually begins, the patient induces autohypnosis. The physician also can induce hypnosis over the phone or through another physician to whom he has transferred the rapport. An assistant, such as a nurse, can do it by handing the patient a written order to go into a deep state of relaxation. How it is done depends on the kind of conditioning and the cues the patient received during her training program. If the patient has not mastered autohypnosis, the doctor's presence is necessary for maintaining the hypnosis. Suggestions are given for complete anesthesia of the abdomen, the perineum, and other hypersensitive areas.

The following is an actual verbalization taken from a tape recorder for the conduct of labor.

SUGGESTIONS DURING LABOR. Now, Mary, you have been able to enter a deep state of relaxation through autohypnosis. Also, you have demonstrated that you can produce glove anesthesia and transfer this numb, heavy, wooden feeling to either side of the face. Now that you are in active labor, you will be able to develop the same anesthesia in both hands and transfer this numb, heavy, wooden feeling to the abdomen, in order to cut down the discomfort produced by your contractions [the word 'pain' is never used]. You will also develop anesthesia of any other area of the body that I pick out. such as the area between the vagina and the rectum. This area will be without any feeling for a considerable length of time. Each time you practice producing the glove anesthesia, you will be able to maintain it for long intervals. When labor starts, you will first feel an ache which will begin in the back and then it will move around to the side of your belly. At this time, you will be able to use the autohypnosis and place yourself in a deep state of relaxation. Remember, you need have no more discomfort than you are willing to bear. Your labor contractions will get stronger and longer, and that is a good sign that you are making progress. Even though you know that the labor contractions are there, you will not be able to feel them. If the glove anesthesia does not relieve your discomfort completely, please do not feel guilty about asking for drugs, which will be available.

HELPFUL SUGGESTIONS DURING LABOR

INTRODUCTION. It takes years to become adept with forceps or to be a good vaginal operator. Likewise, the ability to be adept in producing, maintaining, and controlling the applications of hypnosis to obstetrics requires much practical experience. The most useful suggestions

are given below. Misdirection of attention is used to mitigate the forcefulness of the labor contractions, as follows.

SUGGESTIONS. I want you to breathe deeply in the same manner in which you were trained during the prenatal classes. You will count the number of deep breaths or pants that you take with each contraction. In other words, as soon as you feel the contraction, start panting and keep a record of the number of breaths required for each contraction. Perhaps it might be 28 for the first one. In about 10 minutes, you should have another contraction which may last for 30 or 40 seconds; this one may require 30 deep breaths or pants. Keep an average between the first and the second by adding the total and dividing by two, which, in this case, would be 29. I want you to keep this average for all of your contractions. As they get closer and closer, you will notice that the average number of breaths will increase, indicating that labor is progressing nicely.

[The idea is to keep the patient's attention so concentrated on the addition and the division that she doesn't have time to think of the painful uterine contractions. Such a procedure can potentiate the use of hypnosis. This preoccupation undoubtedly explains to a degree the success of the natural childbirth method in which the woman spends a considerable amount of time thinking about whether or not she is carrying out this or that exercise correctly.]

Finally, when you are in the last stages of labor, you will push down when requested to do so. Naturally, the more you relax, the more effective each push will be. If you follow these suggestions you will get the most out of each contraction.

[Another way to deepen the hypnosis is to employ the husband's participation and post-hypnotic suggestions:] I am going to instruct your husband that each time you develop a contraction, he will squeeze your wrist with his forefinger and thumb. And, as he squeezes your wrist, this will be a cue, or a signal, that you will drop deeper and deeper relaxed with each deep breath you take.

[Backache in the sacral area causes considerable discomfort, especially if the fetus is in an occiput posterior position. Here, too, the husband's aid can be enlisted:] I want you to place the palm of your hand, with your fingers fanned out, over the small of your wife's back. You will press firmly over this area. You will start this at the beginning of each contraction and release the pressure only after the contraction has disappeared. [This maneuver often helps patients who complain bitterly of low back pain.]

If you do have more discomfort than you are able to tolerate, do not feel embarrassed if you have to moan. It will help relieve some of the tension. Also, if you wish to open your eyes, you may do so without interfering with the relaxed state you are in. As soon as you close your eyes, you will drop even deeper relaxed. You will not be bothered by any noises or sounds around you. As a matter of fact, you will become more and more concerned with your breathing and counting, and, as you become more involved in these, the sounds around you will fade into the distance. As the head of your baby descends down the birth canal, you will notice more of a desire to push. I have taught you how to breathe. You can grunt and bear down. Every contraction will be a signal for you to bear down harder. And, because you will be completely relaxed, you will obtain the maximal effect from each contraction. You can go through the rest of your delivery without any trouble. Remember, if you should require an anesthetic agent, it will be given to you. And, even if this is necessary, you will find that having a baby will be an exhilarating experience, especially if you are deeply relaxed.

[For the actual delivery, the patient can transfer the glove anesthesia to the perineum before it has been "prepped" or sterilized. She is instructed:] This area will remain completely numb and anesthetic. As you push down, with each deep breath you take this area will become more and more anesthetic. [One can also produce anesthesia by commenting:] As I stroke this area with my fingers, it will become numb and anesthetic, completely numb and anes-

thetic, just as if this area had been injected with procaine [lidocaine]. It will become just as numb and anesthetic as your jaws become after the dentist has blocked off a nerve. This area is getting very numb, heavy, and woodenlike.

[One can enhance the anesthetic effects of the above methods, after the vagina has been sterilized and the patient is ready for delivery, by the following suggestions:] I am now freezing all the skin between my thumb and forefinger. [Considerable pressure is exerted at this time.] Everywhere I touch my thumb and forefinger together, you will notice a numb, heavy, woodenlike sensation that will get more numb with each breath you take. [This, together with the delivery of the head, produces a considerable amount of pressure anesthesia which, in some patients who have a high pain threshold, is sufficient for the performance of an episiotomy.]

Suggestions with Untrained Patients in Labor

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You seem uncomfortable and nervous about your labor, especially when you have a contraction. See how you tense up and fight these contractions? Now I am going to show you how you can relax your whole body by breathing correctly so you will be able to be more comfortable and endure the contractions and perhaps even sleep until your baby comes. It is very easy to do. All you have to do is cooperate and fix your eyes upon this target. . . . [At this point a fairly prominent object in the line of vision of the patient was used.] Keep your eyes on this target and no matter what happens do not move them away. If you do, bring your eyes back to the target and you will find it will make you much more comfortable. This whole procedure is very much like your everyday activities; for example, when you watch TV and are interested in the program, people come and go and you are not aware of them. Also, you may have experienced cutting your finger while cooking and not have noticed the pain or that it had been cut until afterwards. Or perhaps you might have seen a baby fall and hurt itself and cry but when the mother held it and kissed away the pain, the baby stopped crying. All this is a normal reaction of the human body; that is, by listening to my voice, watching the target, and trying to experience the things I tell you to, you will be able to relax your whole body, become more comfortable, and eventually fall asleep.

PREMATURE LABOR, MISCARRIAGE AND ABORTION

Hypnotic Relaxation Technique for Premature Labor

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INTRODUCTION

Premature labor is the major cause of infant death and also results in costly hospitalization. In a control group study, Omer documented that this hypnotic procedure combined with standard medication was clearly superior ($p < 0.002$) to a group receiving medications alone. Treatment was generally begun within three hours of hospitalization and lasted an average of three hours: one hour and a half on initial contact, and another hour and a half during the following days. Each patient also received an audiotape recorded especially for her with instructions to use it twice daily. (*Ed.*)

THE TECHNIQUE

[Following brief education about the nature of hypnosis:] An explanation of the physiological effects of hypnotic-relaxation was given as follows:

When you imagine a car accident your body reacts with signs of fright: Your heat beats faster; your muscles get tense; your blood pressure rises and so on. When you imagine a relaxed situation, for instance, a warm bath, your body also relaxes. The same is true with more specific images. When someone imagines that he is eating ice cream, the blood vessels in his stomach contract; when he imagines he is sipping hot tea from a cup, the blood vessels in his stomach dilate. It is thus possible to influence many bodily reactions in a desired manner. The goal of this hypnotic-relaxation exercise is to relax your whole body and your uterus in particular.

The therapist told the patient that the use of hypnotic-relaxation did not imply that contractions were due to psychological problems. The hypnotic-relaxation technique may influence physiological processes of physical as well as psychological origins.

If no other questions were asked, the therapist asked the patient if she was ready. If so, she was told to take a deep breath and close her eyes. . . . In what follows, the therapeutic procedure is described (schematically, whenever usual hypnotic techniques were used; in detail, whenever special interventions designed for this project were used).

A relaxation induction was utilized in which the therapist counted from 1 to 20 concentrating on various parts of the body. At the count of 10 the following suggestions were given:

I will now lay my hand lightly over your belly, and I will ask you to pay attention to the feeling of warmth which will develop under my hand. Now, pay attention to this warmth under my hand and imagine it slowly reaching your uterus. You can imagine this warmth spreading over your uterus, softening up every single corner and cell of your uterus, calming everything down slowly, as the sun relaxes and softens your muscles when you lie on a beach. This calmness may grow with every minute that goes by, with every breath you take.

These images were elaborated as the counting progressed to 15. At this point, suggestions were interspersed for trance deepening and further suggestions for uterine relaxation were given:

Maybe it is somewhat funny, but I may talk to your womb, and your womb . . . [here the women's name is inserted] can hear everything I say. Your womb . . . [the woman's name] hears me deeper and deeper, deeper than your conscious mind, your womb . . . [the woman's name] listens and understands everything that I say and may carry out those things that I am asking you to do. Your womb . . . [the woman's name] may rest so deeply, just as in a deep sleep and it . . . [the woman's name] can listen only to my voice and may know how to react so deeply to everything I say. The baby inside you may slowly become more comfortable, free; it has lots of space and nothing disturbs it; nothing presses upon it. Its small hands may float so freely, and you are so close to your baby that what happens to you passes over to your baby, and what happens to your baby passes over to you. You are so close to the baby that you can have a foggy feeling of the baby's foggy feelings and sensations. As the baby's hand becomes free and light it may start floating and moving [the therapist touches the woman's wrist and carefully raises it and moves it about, matching his motions to what he is saying. If catalepsy appears, the depth of hypnotic involvement can thus be checked]. It may get farther and farther away from the body, so lightly, so freely, so full of the open space surrounding it, and it may remain poised, floating, effortless, and it may slowly go down and rest, so deeply, so restful.

The counting progressed until 20 and a finger questioning procedure now took place:

Now I will ask you some questions about how your pregnancy will go on. You don't know the answer to these questions in any conscious way, but your body, deep inside you, knows the answers. The knowledge to answer these questions is there inside you, for

your unconscious mind is very close to everything that happens to your body. You won't answer by speech, your body will show us the answers; your fingers will move and give us the answers. This finger [the index finger of the right hand was touched] will be the "Yes" finger, and this finger [the left hand index] will be the "No" finger. I will count to 30, and you can sink deeper and deeper, and with each count let your fingers become lighter and lighter as if they wished to rise all by themselves [the therapist counted to 30, giving suggestions for increased finger lightness and responsiveness]. The first question that I will ask you is whether deep inside your body and mind there is a readiness that the baby may go on growing inside you, inside your womb, until at least the beginning of the ninth month of pregnancy, until the 37th pregnancy week? [There is a short silent interval.] Slowly your fingers start to get that feeling, and they begin to move, that's right, lifting, more and more clearly, wonderful! [In 34 of 38 cases a positive answer was readily obtained, in two cases a negative one, and in three cases a no answer.] Now I will ask another question: Whether there is a readiness deep inside you to allow the baby to grow within you until the middle of the ninth month, say, the end of the 38th week? [There is a short silent interval. When a positive answer was obtained a third question was asked.] Now, maybe there is really a readiness deep inside you to let the baby remain and grow inside you to the very end of the ninth month? [There is another silent interval.]

Let us now ask another question: Is there a readiness deep inside you for your body to do everything to protect your pregnancy? For your body to learn how to move softly, to keep from making unnecessary efforts, to care for yourself slowly, softly, delicately? [There is a short interval.]

After this finger questioning procedure, a time progression was undertaken:

Please imagine that time is beginning to pass, a few hours have gone by, and you are now in the women's ward, away from the delivery room, and you may remember your hospitalization as something which took place a while ago, so that you are already used to it. Morning, noon and evening look very much alike as you rest in the hospital; a day has gone by, and you can feel calmer and better, and another day has gone by. Little by little a week has passed, and after while you go home, and with every hour that goes by and every day, your baby becomes stronger and prettier. Another day and another day and some more and, look, another week has passed. Your baby's skin gets smoother, rosier, silk-like; another week goes by, and the line of his eyes and lips becomes more and more clear and beautiful. He gets stronger and bigger. One more week, and one more week, and the baby has all the space he needs and all the calm and time in the world. Somewhere in the middle of the ninth month you may look backwards and remember with your imagination how you have gone through all of those weeks, how you have succeeded in overcoming that crisis, how everything went on so smoothly, how your womb grew quiet and comfortable, how you found a funny kind of deep patience within you, the patience of a tree filling up its fruit with sweetness, a patience which filled up your body and mind. A feeling of timelessness, of having plenty of space around you, just like a tree allowing its fruit to ripen, to grow, to become full, to get its color, its sweetness, its juiciness, as if you had all the time in the world to allow your fruit to get totally ripe. And when you reach your day of delivery, somewhere by the end of the ninth month, everything is ready for an easy delivery. Surely you know how hard it is to pluck an unripe fruit from a tree, a green fruit, how stubbornly the fruit refuses to be plucked, how much you have to pull at it. Whereas a ripe fruit, when its time is come, when it is already beautiful, and full with its sweet scent, it is enough to give it a slight pull and it is out, for this happened at the right time. [If changes have appeared in the monitor as generally was the case, the therapist complimented the patient's womb for the achievement.] Now I am going to count backwards, from 30 to 1, and with each count all of the things I've said will slowly sink in your mind, like rain which slowly sinks into dry earth.

Dehypnotization proceeded by backward counting. During this process, suggestions were given to the effect that the patient would be influenced by the therapeutic messages even when not thinking about it. She was told that this influence would lead her to move around in a mild and self-protective way and that she would be able to remain calm even in the face of thoughts or events which would otherwise be disturbing. . . .

After the therapist had reviewed with the patient her reactions to the exercise, he tried to keep her mind involved associatively in the

hypnotic process by telling her some therapeutic anecdotes. These anecdotes are actually indirect suggestions for a continuation of pregnancy, and are based on similar procedures by Erickson (Zeig, 1980). Here are two examples of such anecdotes:

(a) Natural scientists have long known that females of many species are capable of influencing the timing of their delivery. The African wildebeests (a species of buffalo), for instance, live in large herds, sometimes consisting of hundreds of animals. This is a wandering animal, the wandering being a part of their defense against predators.

The female wildebeests are in heat for about one and a half months every year. This period is common for the whole herd. Pregnancy lasts for 11 months so that the calves should be delivered within a one and a half month period. Here a problem arises: Will the whole herd wait for each cow to deliver? This is a dangerous solution since the herd will then be liable to predation. Is it possible that the cow about to deliver will leave the herd and stay by itself? Of course this would leave her and her calf totally unprotected. The solution which nature devised for this problem is amazing. In a manner which is not well understood, all the cows deliver on the same day. In a few hours' time all of the calves are standing on their feet! The early ones . . . [the woman's name is inserted] postpone the delivery, whereas the late ones deliver earlier. This could be a story about wildebeests alone, but the fact is that their hormonal processes seem to be extremely similar to human ones. Everything a wildebeest can do with its uterus, it is quite possible that a woman can do as well. Only you don't know yet that you know how to do it. You just don't know consciously how it is that you are now calming your uterus, how your body is changing its timetable, postponing things, letting time go by.

(b) In some areas of South America there are some kinds of crickets which stay buried for 13 years as larvae deep inside the earth. Every 13 years they become crickets for one day and they go out of their holes for a giant honeymoon. The noise they make can be heard from enormous distances; the whole jungle is filled up with it. Sometimes a cricket comes out before its time. Something was wrong and it comes out something like a year or two too early. It gets out and starts chirping with great enthusiasm. The time, however, is still not ripe, and no answer comes. Slowly its chirping grows less and less frequent. Tzirrr, Tzirrr . . . Tzirrr . . . Tzirrr . . . [in Hebrew the word Tzir means also a uterine contraction], slowly weakening, diminishing, fading out until it completely disappears.

After a few anecdotes, the therapist decided according to the uterine conditions whether to do another hypnotic-relaxation exercise. If contractions had disappeared, he would perform a similar exercise on the following day (without the finger questioning part) which he would record on cassette. If contractions were still present he would perform a second exercise on the spot. In this manner all women received at least two personal exercises. About half of them had the second exercise in the initial session, and another half had it the following day. These differences were not found to be related to outcome.

After the end of the woman's hospital stay (generally one week), the therapist contacted her by phone about once every two weeks to check how she was feeling and whether she was listening to the cassette.

Use of Immediate Interventions to Uncover Emotional Factors in Pre-Abortion Conditions

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In a retrograde study of abortion sequences some years ago, I found that more than half of the women started their bleeding and expulsive contractions during the night, usually between one and four in the morning. The majority of those who started during the day revealed, during age regression, their belief that the process really originated with troubled dreams repeated for several nights prior to the abortion.

Fortunately, thought sequences capable of causing abortion very rarely do so the first time around. They occur on repeated cycles of sleep and on successive nights of sleep. This gives the

patient an opportunity to recognize that her sleep has been disturbed and to report this change in behavior to her doctor or midwife. Early intervention can prevent loss of a normal conceptus. The physician should know how to act at once during the first telephone call of alarm. In the case of a woman with a history of habitual abortion, it is far better to check out the emotional background *before* the patient begins the pregnancy.

Even if the process of bleeding and consciously perceived uterine contractions has already begun, there is usually time to expose the emotional cause and help the patient stop the progress toward abortion or delivery of a dangerously premature infant. But intervention must begin at once and should not be delayed by admission of the patient to a hospital. It can be handled over the telephone, any time, at home or even long distance when the patient is on a vacation trip.

All pregnant women, regardless of previous history, should know how to recognize that their sleep has been troubled and be shown how to check their own unconscious reactions to threatening dreams and deep sleep ideation. Their first line of correction is to ask for an ideomotor response to the question, "Is there an emotional cause for this?" If the answer is a yes with a finger signal or movement of a Chevruel pendulum, they can ask, "Now that I know this, can I stop my bleeding (or cramps) and go on with this pregnancy?"

If the answer suggests an organic beginning or inability to stop the process, there is still time to make a telephone call to the doctor or midwife who is capable of inducing hypnosis over the telephone, searching for the causal experience, and permitting the patient to make her corrections for the sake of her baby.

Consider this example: A woman who has not been to your office but has been referred to you for obstetrical care calls at 3 p.m. on Sunday to say that she has an appointment next week but started to bleed slightly this morning and is now having cramps. She would have called earlier but she did not want to bother you. She reports that her last period started ten weeks ago, that this is a planned pregnancy but she has had five previous miscarriages of planned pregnancies, and she hopes that she might be able to carry this one. She is 30 years old and has been happily married for six years.

This is an emergency and you must act quickly if you are to be of help to her. You need not be concerned about her past history. She is frightened and is therefore already in a hypnoidal state. This enables her to respond strongly to positive, hopeful suggestions given honestly and authoritatively. We should use hypnosis permissively under peaceful circumstances, but authoritative commands are necessary during an emergency.

Explain that you will show her how to stop this process but that you need to know what has started this trouble. Say to her, "*Let the unconscious part of your mind go back to the moment you are starting the bleeding. When you are there, you will feel a twitching sensation in your right index finger. Don't try to recall what is going on. Just say 'now' when you feel that finger lifting up from where it is resting.*"

There is a double reason for this approach. Your words tell the patient that something can be done *right now* to prevent what has happened regularly before. The request for an unconscious gesture when reaching the moment that bleeding started centers her attention on what her finger might do and diminishes her acute attention to the contractions of her uterus and the fact that she is bleeding.

It may take less than 30 seconds before she says, "Now." You will probably notice that her voice is subdued, indicating that she has slipped into a deeper trance state. Say to her, "*Let a thought come to you about what your unconscious knows has started your bleeding. When you know it, your yes finger will lift again, and when it does please tell me what comes to your mind.*"

There may be another 30-second pause before she responds. Be quiet until she reports something such as: "I'm asleep after lunch. I'm dreaming that the doctor is saying he doesn't think I will be able to carry my baby because of

all the other ones I have lost. He says we can try some hormones to see if that will help."

You answer, "*That index finger can represent a yes answer to a question. Your middle finger on the same hand can represent a no answer. This is like nodding your head unconsciously when you agree with someone or shaking your head if you disagree. I want to know, is the dream occurring* **after** you have started bleeding?"

She answers, "My no finger is lifting."

"*All right. This is a dream and your unconscious knows the dream is the cause of your bleeding. Sadness and fear can make a uterus bleed even when a woman is not pregnant. Is your inner mind willing now to stop the bleeding and let your baby go on developing normally*?"

The patient will usually find her yes finger lifting for this question, but if she gets a no, or some other finger, that might mean she does not want to answer; then you must ask her yes finger to lift when she knows why she feels this way. It is usually some feeling of guilt or defeatist belief system at work. Simple recognition permits her to remove that factor.

You conclude the telephone call with a deepening series of suggestions and directions to relax her abdomen, stop the irritability of her uterus, and fall asleep for about 10 minutes after hanging up. You ask her to call you back in one hour with a report. Do not say any more about bleeding. Just ask her to call you in one hour. The statement often used by doctors is, "Give me a call if your bleeding continues or gets worse." Such a statement is interpreted as meaning the doctor expects her to bleed, and she will do so. She has shown five previous times how well she can bleed and abort.

You explain that this does not mean she has to miscarry again. Bleeding occurs in 30% of pregnant women at some time during their pregnancy and has nothing to do with prognosis unless they become frightened.

This presentation is easily understood by a frightened patient. The statement of a way for communicating unconscious information is also telling the patient tacitly that discovery of the cause will permit correction of the problem. This diverts her total attention from the bleeding and uterine cramps to the more constructive area of what she can do to stop the trouble and get on with the pregnancy.

The questions and the unconscious review of significant events have led the patient further away from the thought that she might lose this pregnancy.

A marvelous protective action takes place by virtue of entering a hypnotic state at a time of crisis. Coagulation mechanisms return to a normal balance and all vegetative behavior is improved. There is no need to command bleeding to stop or the uterus to remain quiet, but it helps the patient to make better use of these protective functions when you show respect for this phenomenon by saying: "*Now this is something you dreamed. Would you agree that this dream does not need to threaten the life of your baby, and that you have a right to stop your bleeding and get on with your pregnancy*?"

Treating the Trauma of Prospective Abortion

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INDICATIONS AND OUTLINE

This is a technique for use with newly pregnant women who are struggling with a decision concerning whether or not to have an abortion.

FIRST SESSION. Explore the pros, cons, facts, data, feelings, consequences, attitudes and beliefs.

SECOND SESSION. Explore the patient's feelings and attitudes with hypnosis.

THIRD SESSION. Following hypnotic induction, I have her visualize the fetus and speak to the fetus silently, expressing her conflict about the

pregnancy. Then wait for a response, whether it is a feeling, something heard, or something seen. The patient repeats this process at home, usually by just closing her eyes, breathing to enter a relaxed state, focusing on her abdomen and stroking her abdomen gently.

CONSECUTIVE SESSIONS. If the patient decides to have an abortion and a medical appointment is made, then (first in my office and then at home) I have her speak to the fetus silently, explaining why she cannot give it birth and expressing her feelings to the fetus. If the woman senses a response of agreement from the fetus, then I have her begin the process of visualizing the fetus leaving her body in any way that comes to her. If the patient receives no response, then she makes the decision as to when the visualization of the abortion is appropriate. Sometimes the upcoming surgical procedure presses her for time; sometimes she simply senses the appropriate time.

It is surprising how often a response is forthcoming. I let the patient come to her own interpretation. No matter what happens physically, the patient finds emotional release in this procedure, and with emotional release comes a reduction of guilt.

Spontaneous miscarriages sometimes result. Women who experience this react with a sense of awe, respect for another energy system, and a sense of love by the fetus in agreeing to end its existence. It is a profound experience.

Perhaps these women experience the grief syndrome before the loss of the fetus, so that when the abortion is done the whole experience is finished. Many find a deeper sense of self, even deeper respect for life, looking forward to pregnancy in the future when the time is more appropriate. It is as if a force beyond their own comprehension understands their grief, their sorrow, and their desperation. Instead of potential tragedy, this process becomes a healing experience in their lives.

HYPEREMESIS GRAVIDARUM AND MISCELLANEOUS GYNECOLOGIC DISORDERS

Hypnotic Intervention with Hyperemesis Gravidarum

Ralph V. August, M.D.

INTRODUCTION

The late Dr. August used group training with obstetrical patients, and his groups included both experienced and new hypnotic subjects. He believed that by watching experienced subjects who entered hypnosis more quickly and easily, beginners learned self-hypnosis more quickly. He learned that hypnosis followed by suggestions for continuing comfort, "Just like you feel now," would control hyperemesis for two to ten days, and sometimes permanently. The following suggestions model those given in front of the training group to a beginning subject who was also suffering with hyperemesis gravidarum. (*Ed.*)

SUGGESTIONS

You just concentrate your mind on my voice as I talk with you, as I make suggestions which will be beneficial to you. And as you count each breath, you will find with each deep breath, you relax deeper . . . and deeper . . . and so now you may be ready to concentrate your mind on your heart, and notice how, with each heart beat, you can feel yourself relaxing . . . deeper . . . and deeper . . . and deeper. So you can keep your mind on each heart beat, using each one to help you to go deeper . . . and deeper. And you may notice by now that your heart beats seem slower, more comfortable, more

relaxed, more at ease. While you keep on relaxing, getting sleepier . . . and sleepier. And by now you may be ready for that which for you, Gail, is most important of all. Everyone else is aware of this . . . because, by now, you can concentrate your mind on your abdomen. Notice how your abdomen feels warm, relaxed, at ease. Feels so good that it feels like you could eat and drink anything you want . . . and I *know you can. It feels so good now* . . . it feels better than it's felt for quite some time. And some women may at this point be aware of the baby's movement or not, depending on what the baby happens to be doing. You will notice, Gail, that your abdomen and stomach just feel good . . . and that's all, because it is very, very early in your pregnancy. And you will notice now, it feels so good that you can ignore your abdomen and stomach altogether. You don't need to pay attention to them anymore because you know they feel good now, and you can continue to keep them feeling good, as I know you want to, and as now you can and will . . . while you keep on being as comfortable as you wish.

And by now you might feel as though your mind is floating on a cloud. Floating along . . . at ease . . . with your forehead cool, so that you can ignore everything down below. You don't need to pay attention to anything else in your body now . . . you just keep your mind in the clouds, and notice how good it feels. And you can do so, whenever you want to. All you need to do, Gail, is always just to sit back comfortably in a chair and say to yourself, "Gail, sleep." And every woman in this room knows all she ever needs do is to address herself by her own given name . . . when she does, just using the word *sleep*, she can relax completely . . . she knows that this sleep is a hypnotic sleep; in which you are just as aware as you want to be of the things around you, and you can ignore as much as you want to of everything else about you; in which you know that whenever you want to, all you need to do is to count to 3, and feel good, and you will be wide awake. And you can do so whenever you wish, and continue feeling good. Remember also, Gail, that practice makes perfect, and you can practice doing this every day, as many times a day as you wish. And of course you, Gail, are also welcome to make your appointments for each week with our group; and when you have started gaining weight again, then you can go to your regular visits, which would be at the time of your regular obstetric visit, because it will be once a month for a while yet, until possibly about the eighth month . . . and of course today is December 18th. So each one of you is aware now of how comfortable you feel, and each one of you is aware of how easy it is to help yourself. Remember always that hypnosis is never what *I* do. It is never what anybody else or any other doctor does. It is what *you* do that counts. Where I fit into the picture is that I am a teacher showing you how.

This will help you to help yourself; and this, of course, will be my pleasure to help you to help yourself; and any time you want to, you count to 3, feel good, and are wide awake.

Control Of Hyperemesis

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PRE-INDUCTION DISCUSSION

1. Routine discussion of misconceptions about hypnosis.
2. Discussion of power of unconscious mind to control all body systems, i.e., respiration rate, heart rate, flight or fight responses, and alimentary function.
3. Discussion of physiology of alimentary tract, i.e., peristaltic motion, gastric empty, swallowing, etc.
4. Discussion of vomiting control center in brain.
5. Discussion of nutrition and its effect on pregnancy.
6. Find out from patient what her favorite food is, how she likes it prepared, and where she likes to eat it.

SUGGESTIONS ONCE IN TRANCE

1. The normal peristaltic motion of your bowel and esophagus move food down into the stomach then into and through the intestine for absorption of nutrients.
2. The unconscious mind controls the direction of peristalsis. The unconscious mind knows the path food is supposed to take.
3. The unconscious mind also knows how important nutrition is to the proper growth and development of your baby.
4. The unconscious mind also knows there are many times when the vomiting center of the brain needs to be stimulated, i.e., in case of food poisoning or intestinal flu, and it does this automatically. But during a normal physiologic state, like pregnancy, it knows that this center should be suppressed, because vomiting and nausea are counterproductive to good nutrition, which the unconscious mind knows is vital to a normal pregnancy outcome.
5. There may be times during the pregnancy when the unconscious mind feels there is a need for nausea, but these times will be short-lived, lasting 30 seconds or less, and will not interfere with your ability to eat, digest, and absorb your meals in a normal, profitable fashion, assuring you and your baby proper nutrition throughout the pregnancy.
6. Your unconscious mind knows that your pregnancy is a normal, physical state and does not and will not have any need for vomiting.
7. Your unconscious mind knows that good nutrition is essential to the normal progress of your pregnancy, and will work to assure you of this.
8. Now, I would like you to picture, very clearly, your favorite food, prepared as you like it. And see yourself with this food in a relaxed atmosphere, where you feel comfortable, safe, and secure. When you can vividly see and smell the food, please signal me.
9. Now, begin to eat your favorite food. I wonder how good it tastes, and how easily it goes down into your relaxed stomach, and does not cause any nausea or urge to vomit.
10. Feel how satisfying it feels to eat and digest your favorite meal, and know that you are giving vital nutrition to your normally developing infant—nutrition which cannot be obtained through IV feeding.
11. Now, at your own rate, finish your meal, and see how there is no sign of nausea or vomiting. Once you have finished your meal, please signal me.
12. Now, I would like you to begin to become more awake and aware, feeling very confident in your ability to eat and digest meals without any significant nausea and no vomiting, knowing that your unconscious mind will not allow you to vomit, because vomiting deprives both you and your baby of needed nutrition.
13. As you return to the awake, aware state, you will look forward to eating and enjoying your meals.

Suggestions for Hyperemesis

William T. Heron, Ph.D.

INTRODUCTION

The late Dr. Heron, working with Milton Abramson, M.D., developed the following suggestions for "morning sickness." They trained patients in a group, but these suggestions were given only to those suffering with hyperemesis. (*Ed.*)

SUGGESTIONS

Now, Mrs. C., you are resting comfortably and relaxed. Sometimes you have a little nausea and you would like to escape this difficulty. Let us point out that your physiology is under some strain because it is really taking care of two people—you and the baby. This increased strain does sometimes result in nausea. Now, after this if you should feel nauseated, all you

passing away completely . . . you no longer feel at all sick. Your stomach feels perfectly normal . . . and comfortable, in every way.

And in a few moments . . . when I count up to seven . . . you will open your eyes, and be wide awake, again. *You will wake up . . . with your stomach completely comfortable . . . without the slightest feeling of sickness or discomfort* . . . and you will find that . . . *when you wake up, each morning . . . you will not feel the slightest trace of sickness whatever . . . your stomach will remain perfectly normal . . . without the slightest discomfort of any kind.* And, with every one of these treatments . . . this trouble is going to disappear . . . more and more quickly . . . more and more completely.

Suggestions with Psychogenic Amenorrhea

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REHEARSAL

Although this method does not always work, the author has on several occasions dramatically induced the menses by hypnosis. . . . Bleeding seldom can be initiated by direct suggestion. Rather, the technique is to ask the following questions: "Do your breasts get hot and heavy just before you are due to have your period? Do you feel like jumping out of your skin at this time? Is there any pain connected with the onset of the flow? If so, where is it? So you have a backache, or a feeling of pressure in the pelvic region? Are there any other symptoms associated with the onset of the flow?"

If the answers to the above questions are fed back to the hypnotized patient, one has an excellent chance of reestablishing the menses by this type of sensory-imagery conditioning. The verbalization used is as follows: "In about 2 weeks, you will find it most advantageous to feel all the sensations that you previously described and associated with your periods. Think of the exact place where you have discomfort and pressure. Perhaps you might even imagine how 'jumpy' and irritable you felt just before your flow." [In this technique, a "dry run" or a rehearsal of the onset of menstruation under autohypnosis helps to reinforce the appropriate posthypnotic suggestions.

AGE REGRESSION. Another technique is to utilize hypnotic age regression. The patient is regressed to her last period and asked to recall the specific sensations associated with it; if she wishes, she can choose the approximate date for the establishment of the menses. Suggestions must be made in a confident manner. However, the physician should never get himself "out on a limb" by guaranteeing that the menses will occur on a specific date. Rather, he can preface his remarks by saying, "If you are able to feel the sensations associated with your period, you have a good chance of having your period. Or, perhaps, you can begin to wonder whether it will be a day or two before the date you chose, or maybe the period will come on a week afterward."

Suggestions with Leukorrhea

F. H. Leckie, M.D.

INDICATIONS AND CONTRAINDICATIONS

Leukorrhea, a non-bloody vaginal discharge, may be responsive in some cases to hypnotic suggestion. However, at present we lack research evidence for this. Thus it is vitally important to obtain a gynecologic evaluation to rule out such causes as chronic cervicitis, eversion, erosion, genital infection, tumors, fistulas, and estrogen deficiency. (*Ed.*)

SUGGESTIONS

Deeply asleep—happy—calm—confident—relaxed. In the neck of the womb there are little

glands which produce a slippery, clear secretion—this is normal and healthy. But various emotions, such as excitement, worry, fear, can make these little glands more active so that they produce more secretion; this excess secretion becomes noticeable as a discharge. You know that you have been examined and have been found to be normal; especially your womb, your ovaries, your front passage are normal. Because you are worried, anxious, tense, the little glands in the neck of your womb are producing more secretion. You can now learn to relax and control your feelings and emotions to free yourself from tension; in so doing, the little glands in the neck of the womb work normally and your discharge clears. You feel better, more and more confident, and in control of your emotions. You are able to face all your problems and worries calmly and confidently. By counting up to four, slowly and confidently to yourself, when you feel excited and tense, you become calm and relaxed, and all your fears and worries fall away from you. You are now able to relax for sexual intercourse with your husband, and from now on you are able to have and enjoy full, normal sexual intercourse with him, free from all pain or discomfort, and you are able to achieve complete satisfaction and relief. Your discharge now clears.

HYPNOSIS WITH EMOTIONAL AND PSYCHIATRIC DISORDERS

INTRODUCTION

THIS CHAPTER IS DIVIDED into three sections. The first section consists of suggestive techniques that may be used with a variety of emotional disorders. Some of the contributions model "symbolic imagery techniques" that may be valuable in working through problems like guilt, anger, depression, fears, doubts, and anxieties. This section also includes two insight-oriented contributions for furthering self-insight. Stanton demonstrates how guided imagery techniques may facilitate self-understanding. Bresler's model of the inner adviser technique illustrates how this method may be used for self-exploration as well as symptomatic relief. Brown and Fromm's contribution demonstrates how suggestions may be used to enhance affective expression in emotionally underexpressive patients. Two metaphoric interventions are also included in this section.

The second section of the chapter models hypnotic suggestions that may be useful with severely disturbed patients, such as borderline, schizophrenic, bipolar, suicidal and emotionally labile patients. The final section of the chapter focuses on hypnotic interventions with post-traumatic stress disorder and multiple personality disorder patients.

Symbolic Imagery Techniques: Indications and Contraindications

There is a category of hypnotherapy techniques that I refer to as "symbolic imagery" techniques. It appears that a hypnotic state allows a suspension of our "generalized reality orientation" so that imagination may be used to powerfully influence thoughts and feelings. These techniques seem most effective with individuals who are responsive to both visual and, secondarily, kinesthetic imagery.

Thus, in hypnosis, imagery experiences that might otherwise seem superficial and silly may often produce potent therapeutic change. Watkin's (1980) silent abreaction procedure (see Chapter 16), in which a patient imagines demolishing a large boulder to safely vent resentment and anger, is an example of this category of techniques. Another clinically useful method is the red balloon technique (Walch, 1976). Some symbolic imagery techniques that were formulated by Dr. Harry Stanton may be found in this volume in the sections on ego-strengthening, anxiety, and sleep disorders. Hammond's master control room technique in the chapter on sexual dysfunctions is yet another example of a symbolic imagery procedure.

These methods are particularly suited for reducing problematic emotions, such as anger, resentment, guilt, pathological jealousy, compulsive cravings (e.g., for alcohol, drugs, cigarettes), and obsessional worries. Guided imagery techniques, as illustrated by Stanton's methods for facilitating self-understanding, may also be used for self-exploration and enhancement of insight. Working with emotional disorders, however, is all too frequently not as simple as suggesting them away or imagining them disappearing. Clinicians are advised to engage in careful assessment and history-taking prior to using hypnosis or any other therapeutic technique. Furthermore, training in hypnosis itself is insufficient preparation for treating psychological disorders. You should not use hypnosis to treat a condition you are not trained to treat with other, nonhypnotic methods.

Clinicians who work with emotional disorders will find, in many cases, that exploration (e.g., through ideomotor signaling or hypnoprojective techniques) of the underlying dynamics and abreactive work may be crucial preliminary steps that will increase the effectiveness and lasting benefits of these methods. Technique selection (Hammond & Miller, in press) will be dependent on: (1) the extent to which the emotional problems seem long-lasting versus recent and more delimited in scope; (2) the degree to which specific historical events and factors seem implicated; (3) the extent to which the preliminary history and assessment suggest secondary gains and adaptive functions may be involved in the emotional disorder; and (4) the initial expectations of the patient. When patients have expectations for the facilitation of insight or working-through (abreaction) of past events, and when problems seem more diffuse in origin, longer-term, and linked to internal dynamics and adaptive functions, more exploratory hypnotic techniques seem indicated initially. Insight-oriented hypnotherapy may sometimes require time, but in other cases may only take one, two or three sessions. Afterwards, symbolic imagery techniques may be very powerful and facilitative.

Hypnosis with Severely Disturbed Patients

Scagnelli (1976) noted three special problems and challenges for clinicians using hypnosis with schizophrenic patients:

1. The problem of control wherein these patients are intensely concerned with maintaining control and fear of loss of control. This fear may be

managed through allowing the patient to keep his eyes open, emphasizing self-hypnosis for self-control, and using a permissive hypnotic style.
2. Fear of closeness between patient and therapist, which necessitates the therapist's allowing the patient maximal freedom and independence, including freedom to reject the therapist and hypnosis.
3. Fear of giving up a negative self-concept for a more positive one, which may create resistance to ego-strengthening techniques.

Despite these unique challenges, patients with developmental deficits may be treated with the aid of hypnosis. There is such an increasingly large body of literature on the use of hypnosis with seriously disturbed patients that it is beyond the scope of this introduction to survey these articles. However, reviews of this area of treatment may be found in Murray-Jobsis (1984), Brown and Fromm (1986), Baker (1983a, 1983b, 1983c), and Copeland (1986). In addition, Hodge's contribution to this section provides a practical clinical overview on the topic of using hypnosis with psychotic patients.

Post-Traumatic Stress Disorder and Multiple Personality Disorder

Through the years there have been a variety of published works concerned with the psychotherapeutic treatment of the effects of traumatic stress. Following World War I, hypnosis and abreactive therapy became popular for rehabilitating troops suffering from "shell shock" (Shorvon & Sargant, 1947). Similarly, the impact of traumatic events in World War II encouraged a variety of publications on treatment of "war neurosis" (Grinker & Spiegel, 1943, 1945; Kardiner & Spiegel, 1947; Sargant & Slater, 1941; Watkins, 1949), as did the psychological casualties of the war in Vietnam (Figley, 1978; Van der Kolk; 1984). Our society has also grown more violent with the passage of time. Violent crimes and rape have increased, and we have now begun to recognize, believe in, and more accurately diagnose incest and childhood sexual abuse (Courtois, 1988; Russell, 1986). These events have lead us to more thoroughly appreciate the need for the treatment of post-traumatic stress disorders, whether they stem from war, child abuse, spouse abuse, cult abuse, terrorist actions or calamities of nature. It is the rare therapist who is not confronted with victims of some type of trauma.

Ever since the earliest work with PTSD, hypnosis has appeared prominently in the treatment literature as a modality that often produces beneficial results. Fascinatingly, as research has accumulated, we have discovered that childhood trauma and severity of punishment in childhood are related to both multiple personality disorder (a type of post-traumatic stress disorder) (Bliss, 1980; Coons, 1980) and high hypnotizability (Hilgard, 1970; Nowlis, 1969; Nash, Lynn, & Givens, 1984). Providing further support for these studies, Cooper and London (1976) learned that parents of high hypnotizable subjects rated themselves as more strict and impatient than parents of low hypnotizable subjects.

Thus it appears that trauma, especially early childhood trauma, encourages the use of dissociative processes, often leaving victims with higher hypnotic talent and capacity. This provides further suggestive evidence that hypnosis may often be an effective treatment modality with PTSD, and even more so in the treatment of multiple personality disorder—the most severe form of PTSD.

The selections in the latter part of this chapter will first provide you with illustrative suggestions that may be used with traumatic stress victims other than MPD patients. Herbert's contribution presents suggestions for use with assault victims in an emergency room setting and Ebert's material focuses on rape victims. Suggestions for the reframing of traumatic dreams, a common PTSD symptom, are provided by Mutter, and Havens' models an intervention with adult victims of abuse. A unique contribution by de Rios and Friedmann provides you with Spanish language suggestions for PTSD victims, along with the English translation of the suggestions.

The final part of this chapter concentrates on suggestions that may be useful with MPD patients. Kluft models for us fusion rituals and suggestions for containing the turmoil and dysphoria that are so often present in MPD patients undergoing therapy. Torem illustrates how ego-strengthening suggestions may be adapted for this population, and Price demonstrates his approach to exploration with MPD patients. Finally, I have provided some brief examples of metaphors that I use in selected circumstances with multiple personality patients. For a systematic, thorough study of the use of hypnosis with MPD, you are encouraged to refer to the following sources: Braun, 1984a, 1984b; Kluft, 1982, 1983, 1985, 1986; Putnam, 1989; Putnam, Guroff, Silberman, Barban, and Post, 1986.

SUGGESTIVE TECHNIQUES WITH EMOTIONAL DISORDERS

Hypnotherapeutic Technique for the Reduction of Guilt: The Door of Forgiveness

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I hypnotize the patient, deepening by walking down stairs, and then suggest the following: "In front of us is a hallway at the end of which is the Door of Forgiveness. However, before you can reach the Door of Forgiveness, there may be other doors you may need to pass through. Look on either side of the hallway and tell me if you see any doors."

If the patient perceives doors on either side of the hallway, I ask, "To which door do you wish to go first?" After the patient answers, we walk to the door and I ask the patient to describe the door. Then I ask, "Have you ever seen this door before?" The answer gives the patient a possible focus of where to go. I continue, "Would you open the door while we stand at the doorway looking in, and tell me what you see?" At this point, the patient becomes the observer and experiences as object whatever he or she sees in the room. If the patient walks into the room and participates in the scene, then the event is experienced as subject. The purpose of entering the room is to resolve some experience, some relationship out of the past which involves guilt. An emotional abreaction, therefore, may be involved. I am a supportive guide, but not an active participant. Whenever the patient feels

finished, we close the door and come to the next one.

When there are no more doors to be seen, we walk to the Door of Forgiveness, and I say, "We are now at the Door of Forgiveness. As I open the door, walk to the middle of this place while I remain inside by the closed door. If you wish, let me know what happens." I am no longer a guide; I am simply a silent listener. In that way, the patient may share the forgiveness with me, but I am not the forgiver. The patient finds his or her own self-forgiveness. This technique may span several sessions.

Dumping the "Rubbish"

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Hobart, Tasmania, Australia

THE LAUNDRY

Imagine yourself going into your laundry, filling the sink with water, opening a trap door in your head, pulling out the unwanted rubbish such as fears, doubts, anxieties, and guilts, and "dumping" it in the water, which becomes blacker and blacker as you do so. Finally, imagine yourself pulling out the plug and letting the inky water vanish down the sink.

I)M AND FIRE

Imagine yourself on the tenth floor on an apartment building, waiting for the elevator. When it arrives, you enter and turn to face the door. To the right hand side of the door is a vertical indicator showing the floor numbers. At the moment, the number 10 is illuminated. The elevator begins its descent, smoothly, quietly, comfortably. As it reaches the ninth floor, the number 9 is illuminated, but the elevator continues on smoothly and effortlessly for this is yours alone; it will not be stopping to pick up anyone else. The numbers illuminate in turn as each floor is reached, your feelings of relaxation and comfort increasing as you approach closer and closer to the ground level. When you reach the ground level you feel very much at ease, yet you can go still deeper, for on the indicator there remain three basement levels, B1, B2, and B3. As the elevator passes each of these floors you are able to let go still more, so that when you reach basement level 3, and the doors open, you are feeling a wonderful sense of ease and comfort.

In this state, you leave the elevator and, crossing a hallway, open the door to a room which you enter. This is a beautifully furnished room with a deep pile carpet and superb drapes. In this room is a large stone fireplace with a fire burning. Perhaps you can see the flames licking around the logs, hear the crackle and hiss, smell the smoke, and feel the glorious warmth soaking into every cell of your body.

Things you may not wish to keep in your life, such as fears, doubts, anxieties, hostilities, resentments, and guilts, can be imagined lying on a small table, in the form of accounts which have been paid. As there is no longer a need to keep these settled accounts around, you can pick them up and drop them onto the fire, one at a time, feeling a sense of release as they are transformed into ashes.

PROTECTION AGAINST NEGATIVE INFLUENCES

Imagine yourself putting on a beautiful golden helmet and closing the visor. Within this helmet you are safe from the negative influences of others. Their damaging suggestions, unable to penetrate this protection, simply bounce off harmlessly.

The Red Balloon Technique

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INTRODUCTION AND INDICATIONS

This symbolic imagery technique, adapted from suggestions by Walch (1976), may partic-

ularly be helpful in reducing problematic emotions like anger, resentment, and guilt, as well as cravings. It will be primarily effective with patients who are responsive to both visual and kinesthetic imagery. The following verbalizations illustrate how I use this technique.

ILLUSTRATIVE SUGGESTIONS

I'd like you to imagine that you're walking along a path in a beautiful mountain setting. And as you walk, allow your comfort to increase, as you sink deeper and deeper into trance. And I really can't know for sure all the things you'll be noticing. Perhaps you'll particularly enjoy the contrasting shades of colors, or be aware of the tall trees, silhouetted against the blue sky, with peacefully drifting, fluffy clouds. I wonder if you'll notice a nearby mountainside, with interesting patterns of rocks and trees.

Many people enjoy the sounds of nature, like the sound of the wind in the trees, or of a nearby stream, or of birds singing. [Pause] Perhaps you'll notice the warmth of the sun against your skin, or the texture of things you touch along the way. As you walk, just take time to notice the things that interest *you*, as you drift deeper, and deeper into trance. [Pause]

And I'd like you to imagine that you're carrying a large pack on your back. Feel the weight and burden of it, and imagine that as you're walking, the pack is growing heavier with each step. That pack is filled with objects of some kind, objects that contain and have been infused with the heavy burden of all your excessive *(e.g., anger, guilt)* about *(e.g., your divorce)*.

And now the path begins leading up a rise, up a slight hill. And the pack is feeling even heavier. But you sense that a short distance ahead that you will come to the top of the hill. As you reach the top, the path leads into a large, open meadow, with beautiful green grass and wild flowers. And you can walk out into the meadow, noticing the beauty.

In the meadow you can also see a large, colorful, helium or hot air balloon, with a gondola underneath, and it is moored and tied down with large ropes. Walk over to it, and inside the gondola you'll notice a large basket or container of some kind, which you can unlatch, and which is empty inside.

Now, take off the heavy back pack, and drop it onto the ground. Are you tired of carrying around in your life that heavy burden of those feelings, which you've been carrying for so long? [Pause] Do you feel ready to get rid of those old, outdated feelings? [Pause] Good. Then, in a moment, I'm going to ask you to open that pack, and inside you'll find some kind of objects or containers, that have been infused with all of those excessive feelings of *(e.g., guilt, anger)*, that have been weighing you down. Open the pack, and see what kind of objects you find, that contain all that *(e.g., anger)*. What are they? [Pause].

Okay. Now, I'd like you to take those objects, slowly, one at a time, and toss them into that large basket in the gondola. And I think you're going to be pleased to notice, that with each object that you throw away, those feelings of _____ can decrease. And that will be such a relief! It's as if you're filling that basket up with all those feelings. As though you're cleansing yourself of all those excessive feelings, feeling increasing peace and comfort, increasing relief and freedom, with every object that you throw into that basket in the gondola. And by the time you've thrown away all of those objects, I think you're going to be surprised, or perhaps just enjoy, how free, how peaceful you can feel within yourself.

Now go ahead, and take the objects out of the pack and begin throwing them, one at a time, into that basket. And you can enjoy getting rid of those feelings. When you've thrown the last object into that basket, so that the basket is filled with all of those excessive feelings, allow the index finger on your right hand to float up to signal me.

[After the signal:] Good. Now close and latch the lid of the basket. And you can either untie those ropes or use a big knife or axe that you'll find nearby on the ground to cut those ropes. [Pause] And as you release that balloon, you can

rest back on the comfortable grass, and watch it float up, into the sky, carrying away the basket, and all those excessive feelings of _____ that have burdened you. And with each movement and motion of the balloon up into the sky, you can feel an increasing sense of release, and relief. Free of those feelings, so that they will no longer have to influence your thoughts, or moods, or actions. Free of those feelings. Watch as the wind begins to carry the balloon farther, and farther away. Soon it will be out of sight, and when it's gone you can take a big deep breath, and then you can *really* enjoy the freedom, and relief, and peacefulness, of being rid of those feelings. And this relief, and peace, can flow and circulate all through you. And you'll be delighted to discover, that these feelings of freedom, and comfort, and well-being, can remain with you." [Another option some patients enjoy is to leave the feelings behind on the mountain, climb in the gondola, and float away themselves].

Edelstien's Fusion of Extremes Technique

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INTRODUCTION

This method of Edelstien's (1981) is very similar to the gestalt therapy method of "integration of polarities." He advocates its use with reaction formations, "which cause us to behave in one way because we are afraid of behaving in the opposite way" (p. 121). In this technique, the patient visualizes two different individuals responding in opposite ways to a situation, and then visualizes these two persons merging into one, with the integrated person having the best characteristics of each. I have added some unconscious checks and commitments as elaborations to the technique.

THE TECHNIQUE

"In a few moments, I will describe a scene, and as I do so, you can experience it as though it were a dream, almost as if you were really observing it. And in a dream, you can see, and feel, and hear things, and they can seem very real, even though you're just lying there, very quietly, sleeping. And in a similar way, you can experience what I'm going to describe."

Now, present the patient with a visualization of the two extreme individuals. For example, one who is aggressive, and another who is passive and dependent. Describe each of the persons and their behavior *in some detail*, as the two individuals respond to the same setting or situation. Afterwards, have the patient see one of the individuals walking over, possibly taking the other person by the hand, and standing side by side. "And as they stand beside each other, a fascinating thing begins to occur. A bright light begins to shine on both of them, a warm, comforting kind of light. And as the light shines on them, their details begin to be obscured, and you sense them beginning to blend and merge together. Blending, and integrating, and fusing together into one person, a healthy, strong person."

Now describe this new person's characteristics, and how he/she is different from the two previous ones. "And she has the best qualities and characteristics of both of them. She is strong, and yet sensitive and considerate. She can be assertive and forceful when necessary, and yet compassionate and not overbearing," etc. The patient may now observe this model, prompted by the therapist, responding very positively to the previous situation.

"And as you think about the one person who is the integration and blending of the two, you can realize that this person is really very much like you. You can appreciate that you have these qualities, and the capacity to be this way, responding with the best qualities of each of those persons. It isn't necessary to act like either one of them alone. You have the best qualities of both.

"Now I want to ask your unconscious mind something, and please allow it to respond through your fingers, all by itself. Is your unconscious mind willing to allow you _____ to identify with that composite person, taking on

the best characteristics, both the _____ and the *(specify the qualities)*?" [Pause for a response] "Good. Now I want the deepest part of your mind to listen to me carefully, and when the deepest part of your unconscious mind is listening very carefully, your 'yes' finger can float up." [Pause] "Good." [This step assumes that ideomotor signals have already been established.]

"Now your unconscious mind has made a commitment, to allow you to identify with the best characteristics of this composite person. And so in interesting ways, your conscious mind will notice how you're beginning to respond differently. Your *conscious* mind may doubt; it may question; but you will be unconsciously impelled to respond differently from the way you have in the past. And I wonder if you'll be curious, as you notice that you're beginning to feel more and more like the combination, like that integration of those two persons, and that you're finding it easier and easier to act as he/she would. And as that occurs, your conscious mind really can't help but notice—fascinated at how you're responding to these situations *(specify)* as if you were that combined person. At first, you may discover that these new responses happen suddenly and unexpectedly, before you have any opportunity to even think or resist. But after you've surprised yourself, by acting in these new ways, there will be a sense of deep inner satisfaction, of unconscious joy, and perhaps even amusement and delight. And soon, you'll begin to enjoy how naturally, how easily, you begin to act like the composite of the two women/men: _____, and _____, and *(specify the characteristics)*."

Scenes for Facilitating Self-Understanding

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INTRODUCTION

Stanton's techniques illustrate the manner in which guided imagery may be used to facilitate self-exploration and insight. Such exploration techniques may initially be introduced innocuously by presenting the imagery as a deepening technique that will seem nonthreatening. In using guided imagery (Hammond, 1988f), patients should be encouraged to "just let it happen," to allow it to happen "spontaneously." As an alternative to the structure that Stanton provides, the hypnotherapist may simply serve in an evocative role, offering implications and open-ended suggestions. For example: "When you enter this particular room, you'll find something very meaningful and significant there." "And soon you will discover something or someone relevant to what you're struggling with." When symbolic blocks are encountered, the therapist may suggest symbolic solutions. Guided imagery settings for exploration may also seek to incorporate interests of the patient (e.g., caves, mountain trails, scuba diving beneath the sea, cross-country skiing, using computers, music), or historic settings such as the patient's childhood home. If you are interested in other hypnotic techniques for facilitating insight you should refer to Brown and Fromm (1986), Freytag (1961), Hammond and Miller (in press), Rossi and Cheek (1988), Sacerdote (1978), Stein (1972), Watkins (in press), Wolberg (1964), and Wright (1987). (*Ed.*)

GANDOR'S GARDEN

Imagine walking down a forest path. The sun is shining, the birds are singing, and there is a feeling of warmth in the air. Without prior warning, you come upon a large mound of freshly dug earth on one side of which is a round, partly open, wooden door. Curious, you approach the door. Looking inside, you see a downward sloping tunnel which, though dark, does have a glimmer of light emanating from the far end.

You enter the tunnel, following it as it takes you down and down, deeper and deeper in the earth. As you do so, the light at the far end grows steadily brighter. Suddenly you emerge from the tunnel and, much to your surprise,

you find yourself in a garden flooded with light coming from an ingenious system of skylights. High-pitched laughter comes from behind you and, turning, you see a smiling elf who, after introducing himself as Gandor, the owner of the garden, invites you to walk around and explore.

The first thing you notice is a tiny reflecting pool. As you gaze into it, you see an image of yourself as you would like to be, staring back at you. This idealized image then speaks, giving you some information about yourself of which you had been unaware. [Pause. A head nod may be requested after this information has been received, and remaining in trance, the patient may be asked to discuss the message received. If appropriate, further interaction may be promoted with Gandor. (*Ed.*)]

After absorbing this message, you continue walking along a pathway winding its way through the garden until you come upon a small child skipping rope. The child welcomes you with a smile, and, as you bend down to her, she whispers in your ear, telling you something about yourself that you had virtually forgotten. This is something relating to your own early years which needs to be remembered now to help you enjoy your present life more fully. [Pause. The patient may be asked if he/she would like to share what he/she has learned. (*Ed.*)]

You continue on your way, arriving at a small clearing where three butterflies are dancing joyfully in the air. They are humming a tune about happiness and what constitutes the true secret of being happy. You stop and listen to their song, then resume your walk. [Pause]

When you have almost reached the end of the path, you see an old man [or woman] sitting cross-legged on the verge. Though he appears to be sunk deeply in a meditative trance, he opens his eyes at your approach, as if he had been expecting you. Slowly and deliberately he begins to speak, conveying some especially wise advice on a matter about which you have been concerned. [Pause. A head nod may be obtained after the message has been received.]

Thinking about this advice, you return to your starting point. Gandor awaits you, emphasizing that great insights will grow out of your experiences. He bids you farewell with an invitation to return as often as you desire to the magic garden. Taking your leave of Gandor, you retrace your steps along the tunnel, returning to the outside world with the wisdom you have received.

JIGSAW

Imagine that you are sitting at a table, a number of boxes before you. There are no pictures on their lids, but inside each one is a complete set of jigsaw pieces. Choose a box, empty out the contents onto the table and put the jigsaw together. As you put the pieces together, a picture will form, normally one which has some meaning for you, telling you something about yourself. Then go onto the other boxes, assembling the pieces found in each one, and create further pictures. These may be related to the first one, elaborating upon a single theme. Alternatively, they may indicate quite different concerns. [Feedback about each puzzle may be obtained as each picture is being put together, following each completed puzzle, or after the trance experience. (*Ed.*)]

THE THEATRE

Imagine yourself sitting in the stalls of a theatre waiting for the performance to begin. As you wait, you notice someone standing off to one side of the stage looking behind the closed curtain. Although you cannot see what is going on behind the curtain, this person is able to do so, and it is making him/her look very frightened, very unhappy. Slowly the curtains open, revealing to you the cause of this negative reaction.

Because of your tendency to project your own fears and problems onto this imaginary person, you are likely to gain increased insight into them. To focus on problems in particular, you could imagine the person looking very puzzled, then smiling happily as he/she found the solution to his/her problem by looking

behind the curtain. Similarly, you could have the person looking very happy, or very confident, or very relaxed, as he/she looked behind the curtain. In this way you could gain further self-awareness.

Meeting an Inner Adviser

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INTRODUCTION AND INDICATIONS

Working with inner advisers or guides is a popular therapeutic technique used by many therapists (Miller, 1977; Rossman, 1987; Samuels & Bennett, 1973; Zilbergeld & Hammond, 1988). This is primarily an insight-oriented hypnotherapy technique for uncovering information related to physical or psychological symptoms. Essentially, this method gives form and voice to the "unconscious" mind or inner wisdom of the patient. It is rather reminiscent of an "empty chair" technique that Perls (Fagan & Shepherd, 1970) used with dependent patients and patients about to terminate treatment. He had patients put their ideal therapist in an empty chair and interact with the "therapist," moving back and forth between chairs to play both roles. This method helped patients to understand that they know more than they know that they know, to use a phrase of Erickson's. The inner adviser technique similarly assists patients to elicit information that is already inside. It may also, however, be used to remove or control symptoms. For instance, sometimes an "adviser" may remove pain for the patient for varying periods of time.

Proper use of this technique requires an interactive trance in which you periodically question patients about who their adviser is and what their adviser says or does. This is not fully evident from the following script, but should be incorporated in clinical work. However, the following verbalizations by Bresler are a very fine model of how to begin doing "adviser work" with patients and, in several instances, of how to work when there seems to be resistance and the adviser dialogue is not progressing smoothly. His dialogue does tend to favor an animal adviser. When you interact verbally with the patient and find that the adviser is a person, you will want to avoid suggesting that the patient sprinkle food or pet the adviser. For further information concerning other techniques with advisers, you may refer to Bresler (1979), Rossman (1987) or Hammond (1988f). If you are interested in the concept of using a council of advisers with a patient, you will find Napoleon Hill's (1963) description of his personal use of this technique fascinating. (*Ed.*)

INDUCTION

This tape contains a guided imagery exercise which will help you to make contact with an inner adviser who resides in your mind's eye. . . . Before beginning, take a moment to get comfortable and relax. . . . Sit upright in a comfortable chair, with your feet flat on the floor, and close your eyes. . . .

Take a few slow, deep, abdominal breaths . . . inhale . . . exhale . . . inhale . . . exhale. . . . Focus your attention on your breathing for a few minutes . . . and recognize how easily slow, deep breathing alone can induce a nice state of deep, gentle relaxation. . . .

Let your body breathe itself . . . according to its own natural rhythm . . . slowly . . . easily . . . and deeply. . . .

Now take a signal breath . . . a special message that tells the body you are ready to enter a state of deep relaxation . . . exhale. . . . Breathe in deeply through your nose . . . and blow out through your mouth. . . .

Remember your breathing . . . slowly and deeply. . . . As you concentrate your attention on your breathing, imagine a ball of pure energy or white light that starts at your lower abdomen and, as you inhale, it rises up the front of your body to your forehead . . . and, as you exhale, it moves down into your spine, down your legs, and into the ground. . . .

Again . . . imagine this ball of pure energy or white light rise up the front of your body to your forehead as you inhale . . . and as you exhale, it goes down your spine, down your legs, and into the ground. . . . Circulate this ball of energy around for a few moments . . . and allow its circulation to move you into even deeper states of relaxation and comfort. . . .

Each time you inhale and exhale, you may be surprised to find yourself twice as relaxed as you were a moment before . . . twice as comfortable . . . twice as peaceful. . . . For with each breath, every cell of your body becomes at ease . . . as all the tension, tightness, pain or discomfort drains down your spine, down your legs and into the ground. . . . Continue to circulate this ball of energy around for a few minutes. . . .

As you allow yourself to enjoy this nice state of deep, peaceful relaxation, return in your mind's eye to your personal place. . . . Let your imagination become reacquainted with every detail of this beautiful spot. . . . Sense the peaceful beauty all around you. . . . Stretch out . . . relax . . . and enjoy it. [Long pause]

MEETING THE ADVISER

As you relax in your favorite spot, put a smile on your face . . . and slowly look around. . . . Somewhere, nearby, some living creature is waiting for you . . . smiling and waiting for you to establish eye contact. . . . This creature may immediately approach you or it may wait a few moments to be sure that you mean it no harm. . . . Be sure to look up in the trees or behind bushes, since your adviser may be a bit timid . . . but even if you see nothing, sense his or her presence and introduce yourself. . . . Tell your adviser your name, and that you mean no harm, for you've come with only the friendliest intentions. Find out your adviser's name . . . the first name that comes to your mind . . . right now. . . .

Sprinkle some food out before you . . . and ask your adviser if he or she is willing to come over and talk with you for a few moments. . . . Don't be alarmed if your advisor becomes quite excited and starts jumping up and down at this point. . . . Often, advisers have been waiting a long time to make this kind of contact. . . . Until now, your adviser has only been able to talk to you sporadically through your intuition. . . . Tell your adviser you're sorry you haven't listened more in the past, but that you'll try to do better in the future. . . . If you feel silly talking in this way, tell your adviser that you feel silly . . . that it's hard for you to take this seriously . . . but if you sincerely want your adviser's help, make that very, very clear. . . . Tell your adviser that you understand that, like in any friendship, it takes time for feelings of mutual trust and respect to develop. . . .

Although your adviser knows everything about you—since your adviser is just a reflection of your inner life—tell your adviser that you won't push for any simple answers to important questions that you may be dealing with. . . . Rather, you'd like to establish a continuing dialogue . . . so that anytime you need help with a problem, your adviser can tell you things of great importance . . . things that you may already know, but you may have underestimated their significance. . . .

If there's a problem that's been bothering you for a while, ask your adviser if he or she is willing to give you some help with it . . . yes or no? . . . Your adviser's response is the first answer that pops into your mind. . . . Pose your questions as you exhale . . . and the first response that comes into your mind as you inhale is your adviser's reply . . . an inspiration . . . ask your questions now. [Pause]

What did your adviser reply? . . . Ask any other questions that are on your mind. [Pause] Continue your dialogue for a few moments . . . asking your questions as you exhale . . . and listening to the response that pops into your mind as you inhale. [Pause].

Remember, your adviser knows everything about you, but sometimes—for a very good reason—he or she will be unwilling to tell you something. . . . This is usually to protect you from information you may not be ready to deal

with. . . . When this occurs, ask your adviser what you need to do in order to make this information available to yourself. . . .Your adviser will usually show you the way. [Pause].

If there is something that you'd like your adviser to be thinking about between now and the next time you meet, tell this to your adviser now. [Pause] If there is anything your adviser would like you to think about between now and the next time you meet, find out what it is now. [Pause]

Set up a time to meet again . . . a time that's convenient for you and a time that's convenient for your adviser. . . . Be specific as to exact time and place. . . . Tell your adviser that, although these meetings are important to you, part of you is lazy or even reluctant to follow through. . . .

One way your adviser can help motivate you to continue to meet periodically is by giving you a clear demonstration of the benefits you can gain . . . a demonstration so powerful that you will be moved to work even harder in getting to know yourself. . . . If you are in pain, for example, ask your adviser if he or she is willing to take away that pain completely . . . right now, just for a few moments, as a demonstration of power. . . . If so, tell your adviser to do it . . . now. [Long pause]

Notice any difference? If you're willing to do your share of the work, by relaxing yourself and meeting periodically to set things straight, there's no limit to your adviser's power. . . . Ask for any reasonable demonstration that will be undeniably convincing to you of this power. . . .

You might be, for example, somewhat forgetful . . . and although you want to continue these meetings with your adviser, you might forget the exact time and place that you agreed to meet. . . . If so, ask your adviser to help you by coming into your consciousness just a few moments before it's time to meet, to remind you of the meeting.

Before leaving, tell your adviser you're open to having many different kinds of advisers . . . and that you will leave this totally up to your adviser's discretion. . . . Is there anything your adviser would like you to bring along with you the next time you meet? . . . If so, find out what this is. [Pause]

See if your adviser will allow you to establish physical contact. . . . This is very important. . . . Just about every animal on the face of the earth loves to have its face stroked and its back scratched. . . . See if your adviser will allow you to make this contact now. [Pause] While making this contact, find out if there is anything else that your adviser would like to tell you . . . If so, what is it? [Pause]

Is there anything you would like to tell your adviser before you leave? . . . If so, do it now. [Pause]

In a moment, you will take the signal breath to return from this meeting . . . but before you do, tell yourself that each time you make contact with your adviser the communication will flow more and more smoothly . . . more and more easily . . . more and more comfortable. . . .

Tell yourself that when this experience is over, you will feel not only relaxed, rested, and comfortable, but also energized with such a powerful sense of well-being that you will be able to respond easily to any demands that may arise. . . .

To end this exercise for now, take the same signal breath that you used to begin it . . . exhale . . . breathe in deeply through your nose . . . blow out through your mouth . . . and be well.

Responsibility to a Fault: A Metaphor for Overresponsibility

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INTRODUCTION AND INDICATIONS

This metaphor was used to enhance awareness in an adult woman of how she inappropriately took responsibility for her parents' actions. The theme of metaphors given to her was

of someone being overly conscientious to such a degree that others were rendered powerless. (*Ed.*)

METAPHOR

The world of nature is enjoyed by almost everyone . . . people like the beauty and the diversity of animals, for example . . . but people do not realize that animals of all shapes, sizes, colors, and temperaments have to face certain realities . . . just as people do . . . animal families are not unlike human families in some ways . . . the establishment of a territory in which to live that is all one's own . . . the bonding of a family . . . the anticipation and finally the arrival of an offspring or two . . . the proud parents . . . the protective parents . . . and love takes a lot of different forms in the animal kingdom. . . . Consider the bears as an example of the wisdom of animals . . . a mother and her cubs are inseparable in their earliest weeks and months of life . . . if you really want to anger a bear . . . get near her cubs . . . she protects them fiercely . . . as she teaches them how to hunt for food . . . how to survive in the wilderness . . . how to live . . . and how to grow . . . and the cubs have time to play and be young . . . but they also know the seriousness of what they must learn . . . in order to be on their own eventually . . . and then one day, the mother will chase her cubs up a tree . . . and then abandon them . . . she leaves them on their own . . . to live for themselves . . . to grow and change and learn as their lives go on . . . and a huge part of her responsibility . . . is to reach a point of no longer having to be responsible for others . . . their lives are their own to live . . . and she knows she can't live it for them no matter how much she cares for them . . . and it may seem cold and callous on the surface . . . especially when one sees the desperate search of the cubs for their mother . . . but she has a greater wisdom . . . a broader perspective . . . and an intuitive sense that each life is valuable in what it allows its bearer to do . . . and what seems cruel on one level . . . is actually the greatest gift of all on another, more important one . . . and I know of no recorded instances of an insecure mother bear preventing her cubs from becoming independent. . . .

COMMENTARY

If the client has issues surrounding abandonment, is feeling uncared for by others, or is assuming too much responsibility for others' feelings, the above metaphor can be useful, as can others with a similar theme.

Guilt and self-blame are closely related. Whereas the underresponsible individual tends to be a blamer (extropunitive), the overresponsible individual tends to be martyrish and intropunitive. The intensity of the self-blaming can be so great that it becomes the focal point of the person's mental energy, precluding awareness of other interpretations or perspectives. Guilt can be an incredibly profound agent of paralysis in an individual's life, and disrupting the overresponsible person's tendency to wallow in it is a key goal of treatment.

Different Parts: A Metaphor

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INDICATIONS

This metaphor may be useful prior to the initiation of unconscious exploration, ego-state therapy, or unconscious negotiation with unconscious parts of a patient. It "seeds" the concept of unconscious parts or polarities of the self and that there can be motivations beyond our conscious awareness. It may be especially useful in working with children or teenagers. (*Ed.*)

METAPHOR

And I can tell you about a young boy I saw not long ago . . . who had been a model fourth

grader . . . good grades, hard-working little fellow . . . and toward the end of the school year he underwent a transformation . . . he stopped doing his schoolwork . . . he stopped being nice to other children . . . he grew sullen and withdrawn . . . and nobody knew why . . . and then I saw him . . . and found out things of great importance to him . . . and he loved his teacher so much that he wanted her to be his teacher again . . . and he was trying to fail in school in order to stay with that teacher . . . and sometimes what seems odd on the surface, or even crazy, may make sense at a deeper level . . . but it became apparent that a part of him wanted to stay firmly put another year . . . but I also discovered a part of him that would be proud to be a big fifth grader . . . and I found a part of him that was quite curious about what fifth grade would be like . . . and I found another part of him that was excited about it being near the end of the school year . . . looking forward to a summer away from school . . . when there's lots of time to think and change one's mind . . . and another part that was sad at saying good-bye to friends for the summer . . . and there were lots of parts to this boy . . . and I wonder which part of him you would have talked to if you wanted to know that lots changes are part of growing . . . the curious part? . . . All I know is . . . when I talked about different parts of growing up . . . he listened very closely . . . and he's doing very well in fifth grade, you'll feel better knowing . . .

COMMENTARY

In the above metaphor, the idea is seeded that seemingly strange behavior can be purposeful, that change involves letting go, that there are different parts of self, and that the quality of one's experience is determined to a significant degree by which part(s) one focuses upon. The metaphor implies that one can focus on whichever part of oneself is best able to catalyze successful adjustment. The language of "parts" has now been introduced to the client, as has the concept of being able to selectively amplify or diminish parts of his or her experience in order to achieve a higher purpose.

Enhancing Affective Experience and Its Expression

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Hypnosis has been used to induce specific emotions in normal subjects (Hodge & Wagner, 1964). In the clinical situation the hypnotherapist's task is not to suggest specific emotions to the patient but rather *to bring the patient's current emotional experience into full awareness.* Patients are often only dimly aware of the emotional undercurrent in interactions with others; the psychotherapy process is no exception. They become aware of emotions only at discrete moments in the ongoing exchange. Apart from these moments, they have little conscious awareness of the continuous affective experience. The therapist can help patients bring these underlying emotions to the point of consciousness (Rosen, 1953) and also help them to recognize the specific emotions accurately. To ease the entry of underlying emotions into awareness, the hypnotized patient is told, "Notice now what you feel as you experience this scene" or "When I count from one to five . . . by the time you hear me say, 'five' . . . you will begin to feel whatever emotion is associated with the [name symptom or problem]."

Bringing the undercurrent of feeling to the point of consciousness is only the first step. Many patients have difficulty in accurately recognizing certain affects and in verbalizing them. To enhance recognition and verbalization, the hypnotist says:

A specific feeling will become clear to you. . . . It will become clearer . . . and clearer. . . . You will be able to recognize exactly what this particular feeling is . . . and you will be able to describe it to me. . . . Now, what is it that you are now feeling?

It is especially important to give an open-ended suggestion—not to suggest a particular emotion to the patient but to amplify the patient's awareness of the emotion of the moment. Usually the patient will report experiencing a particular emotion. Should the patient continue to have difficulty finding words for the feeling, the hypnotist says:

I will count slowly from one to five . . . by the time I reach five, a word or two will come into your mind spontaneously . . . a word or two which exactly express what you are now aware of feeling . . . [Therapist counts]. . . . Now, tell me what it is you are feeling.

The hypnotherapist also helps the patient to experience the affect fully so that its visceral, cognitive, and motor (expressive) components are well integrated:

As the feeling becomes clearer and clearer to you, notice more carefully exactly how you experience this feeling in your body . . . notice what sensations you experience in your body as you feel [x] . . . notice where in your body you hold this feeling . . . notice the muscles in your face, and you will see just what muscles hold this feeling . . .now, notice what goes through your mind as you feel [x]. . . . You will discover certain thoughts, images, or memories spontaneously passing through your mind about this feeling.

Those instructions are standard procedure and can be employed whenever the patient describes a symptom or a behavioral problem, is involved in a fantasy production, or experiences some sort of shift in the psychotherapeutic process. By using this procedure strategically during the course of the therapy session, the therapist helps amplify a variety of affective experiences associated with the psychotherapeutic process.

Another technique used by the hypnotherapist is *affect intensification* (Rosen, 1953). The hypnotist says:

When I count slowly from one to five . . . with each number you will begin to feel "x" more and more intensely . . . with each number you hear, the feeling will grow stronger and stronger. . . . By the time I reach five, you will feel it in your body as strongly as it is possible to bear. . . . Now . . . one . . . two . . . three . . . four . . . five. Notice what you feel, and you will be able to describe it to me.

This technique is especially useful when a patient spontaneously reports a feeling emerging in the course of the therapy session. The therapist uses hypnotic suggestions to help the patient recognize the feeling within certain limits. To safeguard the patient from being overwhelmed, the therapist can use an ideomotor signal:

If at any point in the counting the intensity of the feeling seems too much to bear, the index finger of your hand will lift all by itself, and that will be your way of signaling to me not to count beyond that point.

Hypnosis can also *enhance affects* the patient has discovered. Affects are expressed through certain defined groups of facial muscles, supplemented by the limbs, through visceral responses largely mediated through the autonomic nervous system, and through complex behavioral patterns. The experience of an affect is not the same as its expression. It is not always necessary to encourage expression of the affect in behavior, though encouraging its communication in words is usually therapeutic. For example, the hypnotherapist should not say, ". . . and as the feeling gets stronger and stronger, you will find yourself compelled to do something." This kind of suggestion encourages discharge in the form of abreaction or acting-out. When the suggestion is worded this way, the expression of rage, sexual acting-out, or panic states is commonly observed (Rosen, 1953). The patient is likely to cry or laugh or have violent emotional outbursts, which are not

themselves therapeutic. A better way to word the suggestions is to say, ". . . and as the feeling gets stronger and stronger, you will find an appropriate way to communicate it." This kind of suggestion encourages appropriate channels for expression, communication, and understanding. Emphasis is on the therapeutic relationship, not on discharge itself. When suggestions are worded as we advise, the patient finds effective ways to communicate to the therapist the affective experience of the moment and to elicit an empathic response.

HYPNOSIS WITH SEVERELY DISTURBED PATIENTS

Can Hypnosis Help Psychosis?

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INTRODUCTION

This is primarily a book of therapeutic suggestions. However, many misconceptions exist concerning whether hypnosis may be utilized with schizophrenic and psychotic patients. Therefore, I have decided to include Dr. Hodge's excellent, yet brief, introduction to this subject. (*Ed.*)

A French philosopher is reported to have stated that everything worth saying has already been said, but that because nobody was listening it has to be said again. Fortunately, new material may develop between the retellings.

To answer the title question, an additional series of questions must be asked and answers from the literature must be provided:

1. Can psychotic patients be hypnotized? For many years it was felt that they could not be, but recent evidence indicates that at least some can be (Baker, 1981, 1983c; Eliseo, 1974; Murray-Jobsis, 1985; Pettinati, 1982; Scagnelli-Jobsis, 1982; Spiegel, Detrick, & Frischholz, 1982).
2. Are special induction techniques necessary? Probably not (Baker, 1983c; Eliseo, 1974; Scagnelli-Jobsis, 1982). Both permissive and authoritarian approaches have been successful.
3. Are special treatment techniques necessary? Hypnosis by itself, like the passage of time, does nothing. What is done with and within hypnosis is what really matters. Treatment techniques should be designed for the individual patient. Many special techniques have been offered (Baker, 1981, 1983c; Brown, 1985; Scagnelli, 1976; Scagnelli-Jobsis, 1982). Hodge (1980) and Hodge and Babai (1982) have offered a general categorization of strategies and tactics of hypnotherapy, including some specialized techniques for psychotic patients. Scagnelli-Jobsis (1982) reports a number of cases in which hypnosis has helped when other methods were unsuccessful. "the use of hypnosis in psychotherapy requires three attributes in the therapist: experience in hypnosis and in psychotherapy, imagination, and courage to try both accepted and innovative techniques" (Hodge, 1980).
4. Can hypnosis be dangerous to the patient? There are always dangers in any procedure, but these are greatly lessened if the therapist will ". . . always practice within his area of competence—that is, he should use hypnosis only for conditions he would be willing and able to treat without the use of hypnosis" (Hodge, 1982). Conn (1972) and Scagnelli-Jobsis (1982), in her review of the theoretical and clinical literature, agree with the above. However, Kleinhauz and Beran (1984) report six cases of subjects who experienced trauma or psychopathological symptoms following the misuse of hypnosis, particularly for stage performances; and Smith and Kamitsuka (1984)

report a case in which the spontaneous use of self-hypnosis was misinterpreted as central nervous system deterioration. Interestingly, when each of these cases came to the attention of experienced hypnotherapists, the problems were quickly resolved. Scagnelli-Jobsis (1982) has reviewed the issues of concern about hypnosis with psychotic patients, and Watkins (1986) lists and describes the general dangers in the use of hypnosis. Complications are not always dangerous and can be handled by competent therapists. Actually, therapy with hypnosis generally tends to make the patient stronger and more effective (Scagnelli, 1976; Scagnelli-Jobsis, 1982), and this is the ultimate goal.

5. Is a special relationship necessary? Yes. Specifically there must be trust, a therapeutic alliance, and ego receptivity (Baker, 1983c; Scagnelli-Jobsis, 1982). Hodge (1980) emphasizes that "The effective use of hypnosis depends upon a positive therapeutic relationship; failure to develop this relationship is the primary contraindication to the use of hypnosis as well as the primary reason for its failure." Even if the patient has the ability to enter the trance, he must also have the willingness to enter it and the trust in the therapist to have the hypnotic and therapeutic experiences.
6. Is self-hypnosis effective? It is not only effective but desirable (Baker, 1983c; Scagnelli, 1976; Scagnelli-Jobsis, 1982). However, experience has shown that many patients either do not think to use it, do not use it, or find that it is less effective than when done with or by the therapist. I have found no really satisfactory explanation for this, but a hypothesis for further study comes from the words of Kleinhauz and Beran (1984) that, "During hypnosis the subject agrees to permit the hypnotist to become the sole channel of communication and source of interpretation of all internal and external stimuli impinging upon himself," and of Scagnelli-Jobsis (1982) that subjects are ". . . probably holding more of their adult ego roles to themselves. At such times their self-monitoring ego would most likely be more prominent," and that ". . . ego receptivity (i.e., depth of altered states of consciousness) would be greatest when the subject trusts either the strength of his own overall ego, or the therapist's or both combined, to allow lowering of defenses, adaptive regression, and receptive access to previously defended material." Several of my own patients have reported unwilling ness to use self-hypnosis, often (even when clearly necessary) for fear of becoming addicted to it ("I might like it too much"), for fear that it will wear out, or simply for fear that it won't work. Others have said, "I can just do it better in the presence of authority," and this is compatible with the above hypothesis, especially if we accept that all hypnosis is ultimately self-hypnosis. In any case there is a tendency for self-hypnosis to become more effective with reinforcement of successes, though not always.
7. Is the state of the illness important? Cases of treatment of acute psychosis, chronic psychosis, and organic brain syndromes have been reported (Baker, 1983c; Brown, 1985; Eliseo, 1974; Scagnelli, 1976; Scagnelli-Jobsis, 1982).
8. Is it necessary or desirable to limit the depth of trance? Probably not (Baker, 1983c; Eliseo, 1974; Scagnelli-Jobsis, 1982), but the depth of trance should be selected for the specific patient depending upon the goals to be achieved. Regression in the service of the ego, as well as other projective techniques (Hodge, 1980; Hodge & Babai, 1982) that can only be accomplished by deeper levels of trance, has been helpful.
9. Are there any special problems with hypnosis with schizophrenics? In terms of the patient, Scagnelli (1976) reports three issues: control, fear of closeness, and fear of releasing negative self-concepts. In terms of the therapist, he should always practice within his limits of competence with hypno-

sis and with the illness he is treating. In terms of hypnosis itself, Scagnelli-Jobsis (1982) lists four common concerns about the use of hypnosis with psychotics: hypnotizability, decompensation, preference for fantasy over reality with refusal to terminate trance, and excessive dependency. She states that all of these concerns have been able to be discounted when hypnosis is properly used for the appropriate patient.

Renurturing: Forming Positive Sense of Identity and Bonding

Joan Murray-Jobsis, Ph.D.
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INDICATIONS

These suggestions, offered from an object relations framework, are designed for severely disturbed patients suffering with developmental deficits. The approach is basically one of facilitating age regression and providing the patient with nurturing early life experiences that may have been missed. (*Ed.*)

SUGGESTIONS

And then perhaps traveling back to some of those earliest memories of existence, those early weeks and months of existence, and beginning to create within our imagery and within ourselves a positive sense of living and loving, a positive sense of self that should have been, could have been, and would have been if we could have been there together. If I could have been there with you, the infant you, it would have been and should have been all of the good feelings. And we can create these feelings now, at least in part, in imagery.

THE EXPERIENCE OF BEING HELD

And we can begin to imagine the feelings of being held, feeling the arms, the warm strong arms. The feeling of being held snug and secure, tightly held against the warm soft breast. Feeling the rise and fall of the breast with the rhythm of the breathing, much like the rhythm of the ocean, constant, steady, always there. And the sound of the heartbeat, again like the rhythm of breathing, constant, steady. And the rhythm of the rocking, steady, soothing. And perhaps an awareness of the smell of the warmth of that nurturing body, and the taste of the warm sweet milk. And the feelings of fullness, and satisfaction, and well-being. And the feelings of loving and being loved, and warmth and security, and ease and well-being.

And from these early experiences and memories comes a sense of self that is secure, and loved, and loving. And in this beginning are the very beginnings of the sense of self: of well-being, comfort, ease, security, loving and being loved, and everything being well. And then everything does become easier.

DISCOVERING THE PHYSICAL BODY AND BOUNDARIES

And it becomes easier, from this sense of wholeness and wellness and well-being, to move on to those later weeks and months when we begin to discover this physical body that contains the sense of self. We begin to discover the sense of boundaries and limits of this physical being, this body that we exist within. We begin to discover an awareness of the skin that contains this body, and the physical movement that defines our body. The fingers, and the toes, and the face, that set the boundaries of this body. We discover the sensations of the skin, the sensations of touch, and holding, and stroking, and caressing. And we discover the sensations of movement, of reaching and stretching, and rocking, all the good sensations of the body. And we begin to discover the sensations of the internal body, sensations of food going into the mouth, and down into the stomach, and feelings of satisfaction. We begin to know and identify the physical being, the physical body that contains our sense of self, whole, satisfied, well-being, being loved, loving, wanted, secure.

RENURTURING: SEPARATION AND INDIVIDUATION

And then gradually we begin to understand and identify the boundaries and the limits containing this sense of self, and the separations between ourselves and that external environment. As we reach out and touch objects and let them go, we begin to discover the separateness between ourselves and those objects. And we begin to discover the separateness between ourselves and other physical beings. Discovering our physical being as separate from that other holding, protective, nurturing physical being, the holding, protective arms.

And even as we begin to discover a sense of separateness, of the boundaries and limits of our physical and emotional self, we also discover that our sense of separateness is experienced within an awareness of our earlier bonding and connectedness. And there is always an awareness and a memory of those early experiences of bonding and connnectedness, and of the well-being and the wholeness, loving and being loved and secure. Always an awareness of the bonding and connectedness, even as we begin to understand the separateness.

ACCEPTING THE IMPERFECT WORLD

But in the beginning, the awareness of that separateness can seem so painful. It can seem such a loss, and such an angry thing. Because it means the loss of that fantasy, the loss of the perfect, caring, nurturing parent, the symbiosis of being as if bound together, as if one. And it means the loss of the fantasy of the perfect world where all of our needs are met all of the time, whenever we need them, and where everything is exactly as we want it to be. And gradually we come to accept the loss of the fantasy, the loss of the perfect caretaker, nurturer. Gradually we come to accept the realities of the imperfect world, and the imperfect nurturing caretaker. We begin to accept the "good enough" nurturer, the "good enough" caretaker, and the "good enough" world that is the reality we are beginning to experience. A reality where enough of our needs are met, where there is enough care, enough protection, enough loving concern. And where our feelings of anger and sadness and loss are allowed expression in a holding, loving, supportive, accepting environment. And so we experience our feelings, absorb them, grow beyond them, come to accept the realities of the imperfect world, giving up the fantasy of that perfect union of perfect care, everything, every need being cared for and met.

BEGINNING TO ENJOY SEPARATENESS

And gradually we begin to discover, perhaps to our surprise, that we may even begin to enjoy our sense of separateness. Perhaps we begin to discover that we may not really need that nurturing caretaker as much as we thought we did. We begin to develop capacities, competence, and mastery far beyond what we might have imagined. Because in the normal developmental process we seem to continuously grow and expand in our capabilities and mastery. And so we discover that we may not really need that nurturing parent quite as much as we once thought we did. And in similar fashion, we begin to discover, that perhaps we may not even *want* that nurturing parent as much as we once thought we did. We begin to discover that in our developmental growth and process of evolving, we begin to move toward curiosity and exploration, and challenge and growth, in ways that would have been so terribly limited by the old, fantasied, symbiotic union. A union so tight it would have prevented us from growing, and developing, and discovering all the potential of our individual identity. And in the normal course of development we begin to discover satisfactions in evolving and developing our own individual unique separateness. And we begin to discover strength from our experience of our original sense of connectedness and bonding. And the combination of strength and freedom that results from our bonding and the separateness begins to open a world of growth and satisfaction to us. And

then it does begin to become satisfying to move into this "good enough" world with the "good enough" nurturing, caretaking parent. And we begin to grow in experience, and evolve into all of the satisfactions of developing into our own unique, very special human abilities, our own unique, special combination of abilities and capacities, and strengths and talents.

And gradually we begin to discover all sorts of adventures in that outside world. And we begin to discover other people, other children, other adults, who provide some of our needs and wants and care, alternative sources of solace and care and support. And alternative sources of interest and growth and excitement. And so we begin to move toward our natural evolution and development, discovering all of the other possibilities of bonding in the outside world that go beyond that original nurturing, caretaking, loving parent. And then things do seem to become easier, satisfying.

Suggestions for Creative Self-Mothering

Joan Murray-Jobsis, Ph.D.
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In this hypnotic method, the patient is asked to imagine himself or herself as an infant or baby, and then to experience himself/herself mothering the little child. Dr. Murray-Jobsis believes that patients will usually perceive the infant as lovable and that this will help facilitate the process of beginning to love and reparent themselves. It provides some restitution for the lack of nurturing and mothering that some patients experienced, and it helps to foster self-love and self-acceptance. The suggestions that follow were taken from an actual case. (*Ed.*)

SUGGESTIONS

If you could have been the mother of that little girl, you would have loved her as she should have been loved, could have been loved. When you look at that little girl Lisa, you know very well that she really was lovable and that she deserved all the love that every little girl has always deserved. If you had been there to be her mother, you would have done all of the things that a mother should do. You would have held her and cradled her and rocked her and sung songs to her and maybe talked to her of all of the love of poetry, of words, and music. You would have shared with her all of the happiness of running and playing, swinging and moving, all of the fun of living and learning and growing, and all of the fun of growing up strong and healthy and well loved. And little Lisa can still get some of those feelings of love from you, all of the feelings that you can give her, the mothering and the loving that she always deserved. The little girl Lisa was truly lovable, just as the grownup Lisa is now lovable.

Hypnotherapeutic Techniques with Affective Instability

Louis N. Gruber, M.D.

INTRODUCTION

There are many patients in psychiatry whose most characteristic feature is affective instability. . . . Diagnostically, these patients are often labeled as having "borderline personality disorder," or "cyclothymic disorder" or a major affective disorder, alone or in combination. . . . The basic principle of my psychotherapeutic approach using hypnosis can be found in Melitta Schmideberg's injunction concerning the "borderline" patient, "to be aware that the patient is dominated by . . . contrasts, because he can only be influenced therapeutically *if both sides are reached almost simultaneously*" (Italics mine) (1959). This is feasible with the hypnotic approach. Effective treatment of patients with affective instability must recognize:

—their suggestibility
—their sense of vulnerability to external influences

- their defensive clinging to negative mental states
- their creativity
- their desire for balance, stability, and self-control (even more than "feeling better").

Before the specific techniques are given, the patient must begin associating treatment with self-control and mastery. One must forcefully interrupt regressive behaviors (whining, weeping, slumping in the chair, diffuse hostility, sarcasm), and thus break up the negative mental set often associated to therapy. At the same time one gives recognition to the negative states and their validity. I may speak, for example, of the patient's "dark side" and "bright side," and the need to bring both of them into balance, "so that you can have more and more control over the working of your mind."

Patients are prepared for hypnosis by learning that it is a form of increased awareness which will give them greater control over their mental processes. I compare it to being so absorbed in a book or movie that one doesn't hear one's name called. Most patients are eager to get started.

A KINESTHETIC TECHNIQUE

I stumbled on this technique in desperation after more than ten years' work with a young woman. She had been phoning me almost daily complaining of depression, hopelessness, visual hallucinations, fantasies of committing mass murder, and warnings that "you're making me angry" in response to any therapeutic intervention. She responded immediately to the following technique and later asked why I had waited so long to teach it to her.

After gaining her total attention I brought her into trance by telling her a metaphorical story and announcing that she would now be receiving "special instructions." I then told her more or less as follows:

You undoubtedly have good reason to feel anger and bitterness. No one can really know how bad your childhood experiences were. Life has not worked out for you as you hoped. You have had much suffering and disappointment. In fact, your rage and anger can even be of value in certain situations. Sometimes even a little flash of that anger is all it will take for you to be left alone, or treated with greater respect. Now I want you to ponder those feelings, and then I want you to begin to focus and concentrate those feelings in one of your arms. That will be your anger arm, and as you now squeeze the fist on that side, you can feel those angry and bitter feelings growing stronger, under your complete control. . . . Now I want you to release that fist and consider for a few moments another kind of feeling. I want you to think of a situation in which you feel comfortable, confident and at peace . . . begin to feel the strength and comfort of that situation . . . and begin to focus and concentrate those feelings in your other arm. That will be your "strength and comfort arm," and as you now squeeze your fist tighter and tighter you can experience that feeling of strength and comfort growing stronger under your complete control. . . .

She left the session feeling greatly encouraged, and practiced the two evoked feeling states regularly as instructed. Improvement was noted in her daily life and she began to enjoy her therapy sessions. Although continuing to show instability, she was able to handle my departure from the area as well as her father's death over the next six months, stresses that would previously have been catastrophic for her.

AN IMAGERY TECHNIQUE

A visual imagery technique embodying the same basic principle (balanced evocation of two mental states) can be offered to patients who are outwardly in control but continue to swing between bouts of depression and giddy, unpleasant "highs."

A thirty-six year old man had been called manic-depressive and had a long history of erratically shifting symptom pictures. He was found to be quite suggestible and was interested in learning to regulate his own moods without drugs. He went easily into trance and was then instructed in the following two images:

First he was told to imagine, tied to one wrist, a bunch of large, brightly colored, powerful balloons,

pulling him upward. Slight spontaneous arm levitation was ignored, and he was further told to imagine himself being lifted off the ground, slowly floating into the air, a few feet off the ground, then to window height, rooftop height, the height of the treetops, or high into the sky, "as HIGH as you comfortably wish to go," to look down from a comfortable height on the various scenes of his life with detachment and serenity.

When he signaled full experiencing of this image and its accompanying euphoria, he was instructed in the second image: "In your other hand, now, imagine a heavy rope, that is tied to a heavy iron anchor on the earth below you. Now as you pull that rope you can slowly come down, controlling your height, down to the height of the tree-tops, or the height of the ceiling, or a few feet from the ground, as low as you wish. And as you pull on that imaginary rope you can come down lower and lower and lower . . ."

The patient was instructed to place himself in trance and practice these visualizations on a regular basis, and he did so with enthusiasm. On one occasion, while practicing in bed, he went into a prolonged trance and "woke up" several hours later, "hanging on to my balloons" and feeling exhausted but euphoric. He let himself down with the imaginary rope and went to sleep. Therapy now proceeded rapidly with little "insight" but with an increasing sense of stability and self-confidence, and with active, realistic problem solving. As with the previous technique, evoked feeling states can be conditioned or "anchored" to various cues (Bandler & Grinder, 1978).

Hypnotic Suggestions to Deter Suicide

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INTRODUCTION, INDICATIONS, AND CONTRAINDICATIONS

Some hypnotherapists have suggested that hypnosis is contraindicated or only to be used carefully by experienced therapists in working with depressed patients (e.g., Terman, 1980; Waxman, 1978) or in manic-depressive illness (Brown & Fromm, 1986) because the severity of depression may be exacerbated through uncovering of emotion-laden material. Nonetheless, in skilled hands and with patients who are depressed but not severely so, hypnosis may facilitate a rapid uncovering of vitally important etiologic factors.

Hodge (1972) has found that suggestions to deter suicide have seemed effective. He indicated: "Patients accept these suggestions quite easily, almost as if they do not believe them. They may or may not recall the suggestions before, during, or after a suicidal impulse; and they are frequently perplexed or even angry that something will happen to prevent their carrying out their suicidal attempts or that they will feel a need to contact me before carrying out such an attempt. Some remarks that patients have made have been of the nature of, 'I was getting all my pills ready to take them, but somehow I felt that I just had to call you,' or 'I was all ready to get in the car and go away to kill myself, but I felt I had to call you first.' Occasionally a patient will, while feeling suicidal, ask to be released from the obligation of the suggestion, but has invariably accepted the refusal" (p. 22).

Suggestive hypnosis certainly seems to possess a much lower risk of untoward effects than utilizing intense uncovering techniques or a method such as age progression. In the latter technique, the patient may imagine that the future continues to be negative and subsequently experience even greater feelings of hopelessness. Suggestions such as those recommended by Hodge (1972), however, seem to have little risk and may yield positive benefits. This is particularly the case when they are part of a broad-spectrum approach to the treatment of depression (e.g., medication, cognitive behavior therapy, etc.) and when Hodge's own excellent guidelines below are followed. The suggestions are very direct, and this clearly seems indicated in this type of situation. (*Ed.*)

RATIONALE

Most suicidal impulses are temporary and many are actually brief, especially if the problem can be identified and if there is someone available with whom the patient can discuss his problems and/or break up the suicidal ruminations. If the suicidal pattern of thought can be interrupted or if the patient can be given a "face saving way out," the suicidal danger may lapse. My main premises, then, in the wording of this suggestion are:

1. Hypnosis can and should only have a temporary deterring effect on a suicidal impulse. Ultimately the psychodynamics of the patient's suicidal tendencies should be worked out in psychotherapy so that such tendencies should not remain a way of life for him.
2. A direct and permanent confrontation-challenge to the patient that he *cannot ever* commit suicide would be bound to fail. The "*cannot ever*" implies a challenge and control that the patient must test regardless of the other dynamics of his suicidal tendencies; it is quite possible that he may overcome the effectiveness of such hypnotic suggestions.
3. A temporary deterrent is often all that is necessary to prevent a given suicide attempt permanently, especially if it gets the patient to the psychiatrist's office. At least it gives the psychiatrist a chance to work with the patient and to consider and arrange hospitalization if necessary. In case the suicidal pattern cannot be interrupted by discussion and analysis in the office, the patient has already agreed to enter the trance event though he may wish to commit suicide instead. Discussion and analysis in the trance may be effective even when it is not effective outside the trance. If this is not effective, however, it may be easier to protect the patient and to arrange for hospitalization while the patient is in a trance.
4. It gives the patient a realistic, logical, acceptable, and semi- compulsory alternative to suicide: Get an appointment with the psychiatrist.

SUGGESTIONS

In the future, though you may have some suicidal thoughts and feelings and impulses, you will not be able to carry out an actual suicide attempt until you have discussed it with me, in advance, and in my office. I do not know how you will prevent yourself from carrying out the suicidal impulse, but you will find a way. Do you understand? [The patient almost invariably agrees, but if he does not, I ask him what he does not understand and then explain it further.] Now, one other thing. I want you to agree with me that you will enter a trance at any time I *insist* on it even if you do not want to at that time. Will you agree to that? [Patients are sometimes reluctant to make such a promise, but I have had none of them refuse, and they have kept their promises quite well.]

[An alternative wording of suggestions to deter suicide attempts is modified from the suggestions I made to the patient described in my article on the treatment of dissociative reactions (Hodge, 1959):]

In the future while you may have some suicidal thoughts and feelings and impulses, you will be unable to carry out a suicide attempt unless you are in a hypnotic trance. The suicidal thoughts and/or feelings will serve as an *alert* to the possibility that you may be about to enter the trance, but you will not actually enter it unless (a) the feelings become *very* strong and you feel unable to handle them, (b) you actually begin to make preparations for a suicide attempt. In either of these situations you will enter the trance, will begin to feel better and more relaxed; and in any case you will be unable to commit suicide until you have actually contacted me and informed me that you are *in* a trance and have been planning suicide. If I am not available, you will continue to relax and to feel better in the trance and you may remain in it as long as is necessary to protect yourself until I am available. However, when you are

aware that you are no longer suicidal, your trance will automatically terminate ten minutes later. Being in a trance will not prevent you from carrying out the necessities of your life. *To summarize*: The more suicidal you are, the more you will be compelled to enter a trance and to contact me. In the trance you will be unable to commit suicide unless I give you permission; the trance itself may be just the factor you need to break up your suicidal thoughts and to help you to relax and find better ways to handle your problems.

Hypnosis with Bipolar Affective Disorders

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INTRODUCTION

Feinstein and Morgan (1986) described a program for treating bipolar affective disorder patients with hypnosis. The five stages of their program include: (1) determining relevant medical and psychosocial parameters; (2) establishing rapport and a positive response set to the therapy; (3) introducing suggestions for electrochemical regulation; (4) teaching self-hypnosis; and (5) addressing self-concept. One innovative technique that they described is reprinted here. A number of studies, summarized by Feinstein and Morgan, have implicated electrochemical asymmetry in hemispheric lateralization in several major psychiatric disorders, including bipolar affective disorder. In addition, hypnosis has been found to spontaneously effect changes in hemispheric asymmetry (Frumkin, Ripley, & Cox, 1978). Feinstein and Morgan's technique encourages the development of balance through metaphoric suggestions for electrochemical balance.

We must bear in mind with this disorder, and many other conditions discussed in this volume, that we do not have research to document that hypnosis may make a positive contribution to treatment outcome. Neither do these authors possess documentation that their suggestions lead to hemispheric changes (e.g., similar to lithium), although they propose that this is a hypothesis worthy of investigation. This, however, is not meant as a commentary on these authors; it is a commentary on the pre-scientific status of psychotherapy in general and hypnotherapy in particular. We must also keep in mind that it is possible that a metaphoric technique may produce beneficial behavioral change even if it does not produce hemispheric alterations. (*Ed.*)

INTRODUCING SUGGESTIONS FOR ELECTROCHEMICAL REGULATION

Before formulating suggestions for electrochemical hemispheric balance, suggestions for overall physical-emotional balance are introduced. Particular emphasis is placed on lifestyle imbalances that cause difficulties for the patient, such as relentless work activity or relationship patterns that swing from intensive involvements to no involvements at all. . . .

General suggestions for electrochemical balance precede the introduction of specifically tailored suggestions and imagery. A transcription taken from a typical session reads:

> Your brain chemistry is balancing itself at the ideal level for you, for happiness, for attaining your goals in life. As each organ of your body continues to relax, you notice a new sense of balance between the two sides of your body, a balance which you can feel in your legs, your arms, your chest, your face, and now you sense it in your brain. As you notice this sense of balance, you may become aware of the circulation of your blood, seeing your blood pick up oxygen, feeling your blood circulate through your body and bringing even greater balance to your brain and to all the other organs of your body.

Specific suggestions and images for electrochemical balance are formulated based upon the patient's responses to these general suggestions. Tailoring these images to the patient's system of internal representation is critical to the effectiveness of the imagery. The images which were the most effective differed for each of the five subjects. The essential differences

fell along a continuum from concrete, literal, kinesthetic imagery to abstract, symbolic, visual images. A kinesthetic image is apparent in the following instructions:

You will be imagining a chemical balance taking place in your brain. Direct your awareness to your brain; perhaps one part seems heavier than another part; perhaps one part seems warmer. As the chemical balance begins to take place, such feelings of warmth or heaviness may equalize throughout your brain. Allow this natural balance to occur now, knowing that the feelings of warmth or heaviness will fade away when the chemical balance is complete. As those feelings fade away, the balance remains.

CONTROL ROOM IMAGE. An image that was on the abstract and symbolic end of the continuum was formulated for the male patient who had difficulty yielding control. He was taught to visualize himself on a swivel chair in a master control room which had dials, switches, and meters for every function of his being. [See Hammond's master control room technique in Chapter 11.] Two meters in particular revealed electrochemical status of the sides of his brain. He used imagery to adjust the dials, which brought the electrochemical status of both sides of the brain to their ideal, symmetrical levels. He later learned to use the control panel to influence other conditions such as physical pain.

BLENDING RIVERS IMAGE. The imagery suggested by the therapist is, to the greatest possible extent, derived from the patient's internal world. For instance, the second patient, a naturalist, had described a favorite spot where two rivers merged into one. Under hypnosis she was told to imagine herself lying in the grass next to two mountain streams watching a brown leaf floating down one of the streams and a yellow leaf floating down the other: "The streams are flowing toward one another like streams of vital life chemicals in your brain. When the two streams merge, the leaves swirl together, becoming a single color, and the energies and chemicals in your brain blend in a natural harmony." In another instance, where several earlier images had not been effective, the therapist noted the patient's comment that her brain was "like a sponge that absorbs things" and had her formulate an image of one side of the brain being a sponge soaked in a liquid of one color, the other side being a sponge soaked in a liquid of another color, with suggestions of the two liquids flowing together to become a blended color.

The imagery finally arrived at for a given patient often combines both kinesthetic-literal and visual-symbolic modes, such as seeing a balance scale with beakers containing vital life chemicals on each end and sensing the scale coming into perfect balance as necessary chemicals are added to the beakers.

HYPNOSIS WITH POST-TRAUMATIC STRESS DISORDER AND MULTIPLE PERSONALITY DISORDER

Emergency Room Suggestions for Physically or Sexually Assaulted Patients

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It is essential to recognize that many patients spontaneously enter trance following physical or sexual assault. In such situations, direct suggestion is helpful as follows:

1. "You did everything you could—now let me do what I can to help you."
2. "Your body is healthy and strong" (for children: "You will grow up to be a healthy, strong man/woman.")
3. "What happened is not your fault."
4. "It is a good thing that you told (someone)."

5. "You may find yourself remembering more and more details about what happened to you over the next few days. You may also dream about your experience. That is your inner mind's way of coping. Write down what you remember or tell someone."

It is important not to give inadvertent suggestions as to the identity of the assailant. Given the current legal climate, induction of hypnosis is not recommended in the emergency setting. However, it is permissible to encourage progressive muscle relaxation during physical examination or procedures (e.g., venupuncture).

Under no circumstances should patients be touched without explicit permission, as patients with a history of abuse may spontaneously dissociate or regress, especially if touch is perceived as sexual or as similar to the behavior of a past abuser.

Hypnotic Suggestions with Rape Victims

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The following suggestions were adapted from Ebert (1988) for use with rape victims. After teaching a patient self-hypnosis, the following suggestions may be offered: "Take your time with this growing sense of power, control, and comfort because you will discover that, the more you relax with the techniques, the more the fears will simply fade away."

Another technique utilized by Ebert (1988) was to have the patient find the image that most represented strength to her. In one case a patient imagined her grandmother. She may then be instructed to take the strength she needs from this image/person, and told that this "is stored deeply inside and does contain your strength and power. You can utilize it whenever you choose by recalling this image when you need to *feel* strong, in control, and powerful."

Saying Goodbye to the Abused Child: An Approach for Use with Victims of Child Abuse and Trauma

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CONTRAINDICATIONS

This metaphoric procedure is not recommended for use with borderline personality disorder or with schizophrenic patients.

SUGGESTIONS

And now, as you sit there with your eyes closed, and begin to continue to allow your body to relax, your mind to relax, and experience the awareness of many different things, you may begin to wonder, as you drift down into a light trance or a deeper trance, exactly how deeply relaxed you might become later on.

But there really is no need to make an effort to try to be aware of exactly how deeply relaxed an arm or a leg might be, because you can continue to relax even more deeply later on while your unconscious mind does those things needed for you.

And so, as you continue to relax and to experience the peaceful calmness of a comfortable state of increasing relaxation, I can say many different things, including those things needed to help you discover the abilities and capacities you have to allow yourself to experience many different things.

And one of the things you may experience is an awareness that there are many different ways to heal a wound, a wound from long ago that never healed but remained behind tochange the way you think and feel. Kind of like a woman I know who always wondered why she was the way she was until one day when she discovered a child within—a sad child, an unhappy child, an angry, hurt child from long ago. A child she always heard in the background, a child she protected and did everything for today, a child who made her feel

so sad and she would do anything to keep that child quiet, to keep that child happy, to give that child what it wanted and needed.

And I asked her what needed to be done and she said she needed to say *goodbye* to that child, she needed to *hug* that child, to *hold* that child, and to *tell* that child how very, very *sorry* she was that those things had happened to it. She felt so badly for the pain, so badly for the fear, so badly for the anger. But she knew she had to say goodbye. Finally, she had to leave it behind and go on with her life. She knew there was nothing she could do to save that child, to change the past, to undo what was. What was, was, and there was nothing she could do.

So she hugged that child and said goodbye, and walked away and cried and cried. The hardest thing she had ever done was to say goodbye, leave it behind, abandon it to the past. She felt awful, but she knew that was what she had to do. There was nothing she could do to change the past, nothing she could do to undo what that child went through.

But afterwards she was free, felt free, to do what *she* wanted. The child was gone and she was free, free of the past, free to be.

And so as you relax and drift upward toward the surface of wakeful awareness, your unconscious knows what you can do, your conscious knows it too, and you can feel the freedom of that relaxed letting go in your own way, even as you drift upwards now to the surface of wakeful awareness.

Reframing Dreams in PTSD

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In your sleep at night you dream. In those dreams you hear, you see, you move, you have many experiences, and a part of that experience is *forgetting* that dream after you awaken. Forgetting is an experience that is not unusual for anyone.

One of the nicest things about hypnosis is that in the trance state you can *dare* to look at, and think about, and see, and feel things, things that you wouldn't dare in the ordinary state.

It is hard for any person to think that he can be afraid of his own thoughts, but you can know that you have all the protection of your own unconscious which protects you in your dreams, permitting you to dream what you wish, when you wish, and keeping it as long as your unconscious thinks necessary or desirable.

Your unconscious mind is powerful and has a sacred trust to protect you. In your dreams, you can reframe any thought that you need to, to let you know that you survived all your past experiences, and all the powers that are behind you that have gotten you through this, continue to serve you as they do now in your waking state and even when you dream. Just as you are *now* able to allow your conscious mind to drift off into some pleasant place, your unconscious can listen to me and deal with other things at the same time and do what it needs to get this experience behind you, placing these old thoughts in the inactive file, and permitting you to go on with the rest of your life.

As you continue self-hypnotic skills, your unconscious mind will use this time to find out, explore things about you and your abilities, and solve any problems that you have. And this experience is yours; it belongs to you, and can be used in any way that you decide.

Suggestions and Metaphors for Post-Traumatic Stress Disorder and Pain Control (in Spanish)

Marlene D. de Rios, Ph.D., and Joyce K. Friedman, Ph.D.
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METAPHOR PRIOR TO HYPNOTIC INDUCTION (ENGLISH TRANSLATION)

I want to explain to you just what happens to you now that you have experienced an accident or burn trauma [substitute exact type of trauma or accident experienced by patient]. You see,

the body responds in a very special way after you experience a trauma like the one you have just had. This trauma is felt in the body, especially in the muscle system.

You know, your blood flows through your veins and arteries very much like the irrigation canals you remember from your home country. That is, when we use very high-powered microscopes, we see that the arteries and veins have walls, very small so that the eye can't see them, but these walls are made up of muscles. The whole thing is like an irrigation canal you know so well in Mexico, you know, when the mud falls into the canal, the water cannot flow to irrigate the plants and crops. In this way, when you have an accident (trauma), the muscles of the walls of your arteries and veins get narrower and narrower until your blood doesn't flow as much and as quickly as it should. Just like the mud in the irrigation canal falling into the water, your arteries and veins get smaller and smaller and your hands get cold, and you get tense; it is like a little tiger ready to attack, that is the startle effect you feel very often.

Well, there are special exercises that I am going to teach you which will help you to communicate with your muscles. It appears to be a lie, but indeed it is true, that we can indeed control our own muscles and we can make these irrigation canals in our body open and we can allow our blood to flow normally the way it should. So, I will sit here in this chair, and you will sit over there and close your eyes and simply follow the words that I say. When I am finished, I will say to you, "Open your eyes." Do you understand? OK, let's begin.

INDUCTION AND SUGGESTIONS (ENGLISH TRANSLATION)

Pay attention to your breathing . . . breathe in, slowly, breathe out slowly, listen to the sound of my voice and try not to sleep, and with each breath that you take, feel yourself becoming more and more relaxed, more and more relaxed, calm and tranquil.

Feel the fresh energy, passing through your body, move that energy, little by little, through your body, from the top of your head, passing your forehead, your cheeks, feel your jaw relaxing, your mouth opening a little bit, as that energy passes to your shoulders. Take 10 seconds and feel that cool energy passing through your body, from the top of your head until your shoulders: begin now, 1, 2, 3, 4, more and more relaxed, calm and tranquil, 5, 6, 7, more and more relaxed, calm and tranquil, 8, 9, and 10.

Now, feel that cool energy passing through your body, move it little by little, inside your body, from the shoulders, passing through your chest, passing your back, until your waist, take 10 seconds to feel that fresh energy, passing through your body, move it little by little, into your body, from the shoulders until the waist. Begin now, 1, 2, 3, more and more relaxed, more and more relaxed, calm and tranquil, 4, 5, 6, very calm, 7, 8, 9 and 10, the most relaxed feeling that you have ever felt.

Now, feel the fresh energy passing through your body, move it little by little into your body, from the shoulders, passing your arm, passing your elbow, passing your wrist, until the tips of your fingers. Take 10 seconds to feel the fresh energy passing through your body, move it little by little, into your body, from the shoulders, until the tips of your fingers. Begin now. 1, 2, 3, more and more relaxed, calm and tranquil, 4, 5, and 6, more and more relaxed, calm and tranquil, 7, 8, 9 and 10, the most relaxed feeling that you have ever felt, as if you were floating on top of a pretty white cloud in a blue sky, so calm, so tranquil.

Now, feel the fresh energy pass into your body, move it little by little, into your body, from the waist, past your thighs, past your knees until your feet. Take 10 seconds to feel the fresh energy pass through your body, move it little by little, into your body, from the waist until the feet, begin now. 1, 2, 3, calm and tranquil, 4, 5, 6, more and more relaxed, calm and tranquil, 7, 8, 9, and 10, the most relaxed feeling you have ever felt.

Now, imagine that you are standing by the seashore, you feel very relaxed, calm, very

happy, at ease, feel the breeze caress your face, smell the fresh air, feel the cool sand in your feet, more and more relaxed, more and more relaxed, calm and tranquil.

Now imagine that you are in a beautiful pine forest, it is a spring day, smell the fresh air, listen to the sound of the birds, see the flowers in all the colors, you feel very good, tranquil, calm, very calm, very tranquil.

SUGGESTIONS WHEN THERE ARE SLEEP PROBLEMS

Now, imagine that you are in your house, it is nighttime, you are sleeping in your bed. Imagine you are sleeping well, all night long, have happy dreams, pretty dreams, tranquil dreams, without waking up, breathing peacefully all night long, you feel very well, calm, tranquil, very relaxed.

SUGGESTIONS WHEN THERE ARE PROBLEMS OF PAIN

Now, imagine that you have a green pitcher of iced water, very cold, put your right hand inside the pitcher, and feel the cold passing to that right hand, until it is very numb, so that you don't feel it at all. Now, place that right hand on whatever part of your body is bothering you, and little by little, feel that coldness pass to your body, you feel very good, calm and tranquil, very relaxed.

SUGGESTIONS WITH PROBLEMS OF BODY IMAGE AFTER AN ACCIDENT OR INJURY

Imagine that you are in your house, in front of your mirror, how handsome (pretty) you are. You feel very tranquil; your hand is fine. Imagine that you are in your house, in front of your mirror, how handsome you are, how tranquil you feel.

METAPHORIC SUGGESTIONS FOR SELF-HYPNOSIS

You are like the eagle, king of the birds, king of all his dominion. Whenever you want, wherever you are, with the tape or without the tape, you know how to calm yourself. Simply close your eyes, pay attention to your breathing, won't you, and little by little, feel that fresh energy pass into your body, little by little. You are like the king eagle, king of all your dominion, because you know how to calm yourself, you know how to relax.

RE-ALERTING

Now, I am going to count from 1-10. Imagine that you are walking up a pretty staircase, and with each number that I say, feel that you are walking up the staircase, and you feel more and more alert with each step, very awake. 1, 2, 3, more and more alert, very happy, 4, 5, 6, very, very alert, more and more awake, 7, 8, 9, and 10, open your eyes.*

TRADUCCION EN ESPAÑOL: INDUCCION ANTES DEL HIPNOSIS

Quiero explicarle exactamente lo que le pasa ahora que Vd. ha experimentado un acidente o quemadura (substituya el tipo exacto de trauma o acidente experimentado por el paciente). Mire, el cuerpo responde al accidente de una manera especial como aquello que recientamente ha tenido Vd. Este trauma se siente en el cuerpo, especialmente en el sistema muscular.

Sabe, la sangre corre por sus venas y arterias tal como en los canales de irrígacion que Ud. recuerda de su tierra. Es decir, cuando utilizamos un microscopio de alto poder, vemos que las paredes de las arterias y las venas son muy pequenas que el ojo no puede verias, pero

*A tape of the suggestions given above for pain control and progressive relaxation is available from Dr. de Rios in Vietnamese, German, Spanish at the following address: Department of Anthropology, California State University, Fullerton, CA 92634, USA.

estas paredes estan hechas de musculos. Todo esto es como un canal de irrigacion que Vd. conoce tan bien en Mexico, Vd. sabe, cuando el barro cae dentro del canal, el agua no puede correr para irrigar a las plantas y las cosechas. De igual manera, cuando Vd. se acidenta, los musculos de las arterias y las venas se obstruyen de tal manera que su sangre no corre libremente. Justo, como el barro en el canal de irrigacion que cae al agua, igualmente sus arterias y sus venas se estrechan y sus manos se enfrian y Vd. se pone tenso. Es como un tigrillo listo para saltar en ataque. Esto es el susto que Vd. siente muy frecuentamente.

Ahora bien, hay ejercicios especiales que voy a enseñarie que le ayudarán a communicarse con sus músculos. Parece mentira, pero es la verdad, podemos controlar a nuestros propios musculos y podemos hacer que estos canales de irrigacion en neustro cuerpo se abran y podemos permitir que nuestra sangre corra normalmente. Pues, voy a sentarme aqui en la silla, y Vd. se sienta alli, y cierre los ojos y simplemente escuche a las palabras que yo digo. Cuando termino, voy a decirle, "abra los ojos." Comprende Vd.? Bien, empezamos. . . .

Preste atencíon a la respiracíon . . . aspire Vd. lentamente . . . expire Vd. lentamente, escucha el sonido de mi voz y procure no dormir . . . y con cada respiracíon, se va sentir mas y mas relajado, mas y mas relajado, calmo y tranquilo.

Siente la energia que es fresca, va a pasar por su cuerpo . . . tiene que moverla poco a poco, dentro su cuerpo . . . desde la corona de la cabeza, pasando la frente, pasando las mejillas, . . . la mandíbula relajada, la boco abre un poco . . . pasando el cuello hasta los hombros. Tome 10 segundos para sentir la energia va a pasar por su cuerpo, desde la corona de la cabeza hasta los hombros . . . empezamos ahora. 1, 2, 3, 4, mas y mas relajado, calmo y tranquilo, 5, 6, 7, mas y mas relajado, calmo y tranquilo, 8, 9 y 10.

Ahora, siente la energia que es fresca, va a pasar por su cuerpo, tiene que moverla poco a poco, dentro su cuerpo, desde los hombros, pasando el pecho, pasando la espaldo hasta la cintura tome 10 segundos para sentir la energia que es fresca, va a pasar por su cuerpo, tiene que moverla poco a poco, de ntro su cuerpo . . . desde los hombros, hasta la cintura. Empezamos ahora, 1, 2, 3, mas y mas relajado, mas y mas relajado calmo y tranquilo, bien calmo, 7, 8, 9, 10 el mas relajado que nunca sentia.

Ahora, siente la energia que es fresca, va a pasar por su cuerpo, tiene que moverla poco a poco, dentro su cuerpo, desde los hombros, pasando el brazo, pasando el codo, pasando la muñeca, hasta las yemas de los dedos. Tome 10 segundos para sentir la energia que es fresca, va a pasar por el cuerpo, tiene que moverla poco a poco, dentro su cuerpo desde los hombros, hasta las yemas de los dedos. Empezamos ahora, 1, 2, 3, mas y mas relajado, calmo y tranquilo, 4, 5, 6, mas y mas relajado, calmo y tranquilo 7, 8, 9 y 10, el mas relajado que nunca sentia si fuera flotando encima de una nube bonita , blanco en un cielo azul, tan calmo, tan tranquilo.

Ahora, siente la energia que es fresca, va a pasar por su cuerpo, tiene que moverla poco a poco, dentro su cuerpo, desde la cintura, pasando los muslos, pasando la rodilla, hasta los pies, tome 10 segundos para sentir la energia que es fresca, va a pasar por su cuerpo, tiene que moverla poco a poco, dentro su cuerpo, desde la cintura hasta los pies, empezamos ahora, 1,2,3, calmo y tranquilo, 4,5,6, mas y mas relajado, calmo y tranquilo, 7,8,9 y 10, el mas relajado que nunca sentia.

Ahora, imagine Vd. que esta parado por la orilla del mar, Vd. siente relajado, calmo, bien a gusto, alegre, siente la brisa cariciar en su cara, huela el aire fresco, siente la arena fresca en sus pies descalzos, mas y mas relajado, mas y mas relajado, calmo y tranquilo.

Ahora, imagine Vd. que esta en un bosque bonito, de pinos, es un día de la primavera, huela el aire fresca, escucha el sonido de los pájaros, vea las flores de todos colores, Vd. siente muy bien, tranquilo, calmo, bien calmo, bien tranquilo.

(Si hay problemas con el dormir)

Ahora, imagine Vd. que esta en su casa, es noche, esta dormiendo en su cama, imaginese dormiendo bien, toda la noche, teniendo suenos alegres, bonitos, tranquilos, sin des

pertarse, respirando con tranquilidad toda la noche, Vd. siente muy bien, calmo, tranquilo, bien relajado.

(Si hay problemas de dolor en el cuerpo)

Ahora, imagine Vd. que tiene un jarro verde de agua helada, bien helada, ponga Vd. la mano derecha dentro el jarro, y siente que el frio va pasando a la mano derecho, hasta que esta entumecida bien, que no lo siente. Ahora, tome la mano derecho a donde en su cuerpo esta molestando, y poco a poco siente la frialdad pasa al cuerpo, Vd. siente muy bien, calmo y tranquilo, bien relajado.

(Si hay problemas de desgusto del cuerpo después del acidente, injurio, etc.)

Imaginese que esta en su casa, frente su espejo, que lindo (guapo) esta, tranquilo, su mano esta bien, esta linda, imaginese que esta en su casa, frente su espe jo, que linda esta, que bonita, tranquila. . . .

Vd. es como el rey aguila, rey de todo su dominio, cuando quiere donde sea, con la cinta o sin la cinta, Vd. ya sabe calmarse, Vd. simplemente tiene que cerrar los ojos, hacer caso a la respiracíon, y poco a poco, siente la energia que es fresca va a pasar por su cuerpo, poco a poco, Vd. es como el rey aguilar, rey do todo su dominio, porque Vd. sabe calmarse, saba relajarse.

(Para despertarle al cliente)

Ahora, voy a contrar de 1 a 10, imaginese subiendo una escalera bonita, y con cada numero que digo, siente que esta subiendo la escalera, y se siente mas y mas alerto con cada peldaño, muy despierto, 1, 2, 3, mas y mas alerto, bien a gusto va, 4, 5, 6, mas y mas alerto, mas despierto, 7, 8, 9 y 10, abre los ojos.

A Fusion Ritual in Treating Multiple Personality

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THE ROLE AND TIMING OF INTEGRATION

Integration is the process of undoing the dissociative dividedness of an individual suffering multiple personality disorder (MPD). It begins long before any personalities begin to lose the signs and/or sense of separateness and continues as an intrapsychic process of reorganization even after the personalities achieve unity. Fusion is the coming together of the several personalities into a unity and is said to occur after several indices of dividedness have not been observed for three months. Interventions which suggest and help bring about the occurrence of fusion at a particular point in time are often called fusion rituals; they often are facilitated by formal heterohypnosis.

Fusion rituals are ceremonies at a discrete point in time which are perceived by some MPD patients as crucial rites of passage from the subjective sense of dividedness to the subjective sense of unity. Some MPD patients, however, experience fusion as a spontaneous, abrupt or gradual process, and complete their treatments successfully without undergoing fusion rituals. Because such ceremonies are obvious and memorable landmarks in the treatment, they often are accorded an unfortunate overemphasis and unnecessarily invested with drama by both patient and clinician alike. In fact, a fusion ritual will not substitute for the hard work of other aspects of the therapy and is not a potent technique in and of itself. It is no more than an agreed-upon congenial formalization of work already accomplished. Some MPD patients' personalities fuse one at a time, some fuse in clusters, and some fuse all at once. Some personalities experience the process of fusion as a joining to or coalescence with specific other alters among the system of personalities; some simply cease to be separate.

The timing of a fusion should emerge from the intrinsic process and momentum of the therapeutic endeavor. It should never be undertaken because the therapist or patient is eager to see fusion achieved or hopes to find some form of short-cut. In essence, it is a permissive and positive intervention that is understood as tentative and framed in a manner that clearly states that, if the fusion does not hold, it is not a failure, but more an indication that there is more work to be done before a fusion would be appropriate. For this reason, it is not helpful to

bypass resistances to fusion. They should be dealt with straightforwardly. A bypassed resistance or a procedure perceived as coercive virtually guarantees a rapid relapse into dividedness. In the long run, going slower and more gently speeds therapy and reduces both crises and failure experiences for both clinician and patient.

Useful considerations in the timing of an attempt at fusion are based on clinical experience. Fusion should occur when work on all reasons for the dividedness of the alters about to fuse has been completed, i.e., when the particular separateness in question no longer serves a meaningful function in the patient's ability to adapt to environmental and intrapsychic pressures. This is usually the case when the alters under consideration for fusion identify with one another, empathize with one another, and each accepts not only the other(s), but the other's (or others') memories and affects. At this point they often feel no need to remain separate. Although some alters experience fusion as a death, most which fuse successfully reach a sense of assurance that they will survive within the blended self of a united individual. Often when issues of survival have been negotiated with the first alters to fuse, the other alters perceive that the influences of fused personalities persist as contributions to an increasingly unified psyche, then such concerns cease to be pressing.

The wording of fusion rituals should be individualized rather than cookbookish. In general, one should be permissive and make it clear that the patient may interrupt the procedure at any time if discomfort is felt. It is useful to inquire about unsuspected remaining areas of conflict and concern before beginning. It is not uncommon for alters not involved in the proposed fusion, but opposed to it for some reason, to intercede. Usually they will withdraw after being allowed to verbalize their objections, but sometimes one must defer the procedure. Clinical experience indicates that images which suggest merger, union, and rebirth in which all aspects of all personalities are preserved as they come together are accepted much more readily than those which imply elimination, subtraction, death, or going away. I have described images of dance, embrace, shared activities, and the like, but most of my patients have preferred images of light or streams of water flowing together, or scenes in which the snow on mountain peaks melts and flows together into a lake on the surface of which all the mountains are reflected (Kluft, 1982). I have found science fiction scenarios quite useful in young boys (Kluft, 1985). Braun (1984) has described fantasies in which alters go to a library and read about and absorb one another, scenes of streams flowing together or of the mixing of red and white paint to form pink and the imagery of an antibiotic capsule dissolving and thereby circulating throughout the body and mind and becoming thoroughly absorbed.

As a concrete example of this process, I will share the wording of a recent and successful fusion ritual. This particular patient enjoyed the additional reassurance of a recheck and reinforcing ritual. What follows is a nearly verbatim ritual used with an MPD woman who had already fused many personalities during similar procedures. Joan and Anne are two alters in a patient named Claire (all pseudonyms). Joan and Anne have already been elicited by hypnosis. Each affirmed she had no more separate memories or issues which required further work, and each affirmed a readiness to join with and accept the other. The objections of an alter opposed to all fusion were dealt with by reminding it that its freedom of decision was being accepted and that alters who wanted to decide to join deserved similar consideration.

WHITE LIGHT SUGGESTIONS FOR FUSION

Please allow your eyes to roll up and your eyelids to flutter down and close. Let yourself go deep at the count of three—one, two, three. If at any time you want to stop or talk with me about something, raise your right index finger.

And now, deeper still at the count of four . . . (deepening by count until eight, and then) . . . as deep as you've ever been at the count of nine, and now deeper still at ten. That's right. Nod if you're ready. [Patient nods.]

OK. You all are in a beautiful clearing in the woods, a place of complete privacy and safety. All stand in a circle, take one another's hands, and now move toward the center of the circle. You'll find you have to let your arms slide gently around one another as the circle grows smaller. And as you get closer, already you can feel a pleasant warmth from the closeness, a sense of warmth and closeness that feels good to you all, even those who have no plans to join with one another today.

Above the center of the circle, a point of light is seen, which rapidly becomes brighter and more radiant, a warming, comforting, and healing form of light that rapidly becomes so beautiful, bright, and radiant that, although it does not hurt your eyes at all, is so luminous that each of you, no matter where you look, all you see is a beautiful field of light that engulfs you all. No matter where you look, there is no evidence of detail or separateness. And now the light seems to enter you as a warming current, and flows back and forth, forth and back, sharing with you all the experience of peace and well-being.

And now the current flows to Joan and Anne alone, back and forth between you. Back and forth, forth and back, and soon it takes with it all the memories, feelings, and qualities of Joan into Anne, and of Anne into Joan [this is elaborated]. Nothing is withheld, nothing is omitted [elaborate back and forth motif]. And now that all from each has flowed into the other, and all from the other has flowed into each, it seems so pointless to be separate. At three, the barriers between Joan and Anne gently crumble, and peacefully are washed away. All that was Anne flows into Joan, and all that was Joan into Anne. . . . And it's so easy and gentle because you already have become the same. Everything blending, joining, and mixing [elaborate]. And now everything settles gently and peacefully, joined now and forever at the count of two . . . that feels so natural, so right. . . .

And now the light recedes. All of you look around. Everyone feeling better, stronger, safer. Where there were Joan and Anne, there is a single individual, stronger, more peaceful, more resilient, and unified now and forever at the count of one. How do you feel? [The patient opens her eyes and says it went well.] OK. Close your eyes and rapidly go as deep as you were. You had said that the unified person would be called Joan. Joan, nod if you are there and OK. [Nods.] Anne, nod if you remain separate. [No nod.] Everyone else, raise the right index finger if anyone senses or knows Anne remains separate or notices anything amiss. [No signal.] OK, let this fusion be sealed and solid, now and forever, at the count of three . . . one, two, three. [The patient opened her eyes, and volunteered that she felt good.]

[This verbalization is only an example of what was congenial to one patient at one point in her treatment. It is offered as food for thought, but not as a tool for use with any other patient.]

Another Fusion Ritual

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INTRODUCTION

Many patients with multiple personality disorder have had sufficient traumata that almost any set of images may be affectively loaded. The following is often sufficiently neutral, complex, and distracting that it is accepted and engrosses attention throughout the procedure across all alters, even those that are not participants in the fusion. Since it requires considerable concentration, it makes enough demands upon the patient to divert him or her from low to moderate levels of anxiety that may be attendant upon the fusion process. In this hy-

pothetical example, three alters are joining into the total human being or the host personality, and the others are simply bystanders.

MODELED SUGGESTIONS

[After trance has been induced:] And now imagining yourselves on the side of a gentle sloping hillside that overlooks the sea, high up, near the top. Each of you will see it in the way that seems most peaceful, safe, and beautiful to him or to her. It is near the end of a very full and complete day. Much has been accomplished, and all of you can feel a great sense of satisfaction. You look down the hill, toward the sea, and there are three [the number of alters to fuse] rivers winding their way to the sea. You watch them flow, peacefully and calmly. The day is near its end. The sun is low over the horizon. As it becomes level on the horizon behind you, all of you are bathed with a beautiful light, that is so bright that unless you look ahead of you, down toward the sea, all you can see is a beautiful field of light. You can no longer see one another, only the rivers as they wind their way to the sea, and the rivers are golden, reflecting the sunlight behind you.

As the sun sinks lower, the gold on the surface of the rivers seems to move into the sea; in fact, by the time I count from one to ten, all of the gold in the rivers has flowed into the sea [count, and indicate the march of the gold into the sea]. The gold from all the rivers have joined the gold of the sun-covered sea—at three, all the gold of the rivers, all of their waters, is completely within the sea. At two, the flow of the water and the ebb and flow of the tide has blended them completely. At one, who could say this water came from one river or the other. All has become one, now and forever. And now, the sun is below the horizon, and what was gold has become purple, red, all of the colors of a beautiful sunset. All of you look around, and can be pleased to find that there are fewer of you who remain separate, and that those who do can feel the tremendous satisfaction of a job well done, and an even stronger sense of how all of you, at the right time and place, can find a way to be one.

Containing Dysphoria in MPD

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INTRODUCTION AND INDICATIONS

Often the issue in treating MPD is not how to open things up but how to settle things down. Frequently an alter feels in too much pain to cope or fears that it cannot control its impulses. At such times, a variant of the following may be very useful and forestall a hospital admission, a suicide attempt, self-injury, or other counterproductive acting-out. It presupposes the patient's experience with some variant of the "safe room" technique and requires that at least one competent and trustworthy alter agrees to remain in charge in the interim. The patient is placed in a trance, and addressed as follows.

ILLUSTRATIVE SUGGESTIONS

And now, it is time for peace, time for safety. Each of you, in your own way, in your own safe place, a place that is completely secure from all danger of intrusion, from all hurt. And now, for those of you who are in pain, and for those of you who feel it is so very difficult to hold on, it is time for rest, for peace, and for relief. When I count to three, for those of you who would like to accept this time of restoration and healing, it is time to fall into a healing sleep, safe and secure. So, all of you in your own special places of safety, and now, for those of you who would like to, at one, go to the special place within that special place in which you can rest with peace. At two, lying down or reclining, closing your eyes and allowing pain to wash away, uncomfortable urges and pressures to dissolve, and permitting yourselves to drift toward sleep, a sleep that will last calmly and without disturbance until you actually enter my office for your next appointment. At that time, you will awaken, and be able to work on the problems that beset you. And now, it's time to sleep at the count of one. [As an added safety

measure, it can be suggested that disruptive memories be put in a time-lock vault in between sessions.]

Modified Ego-Strengthening for MPD

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The patient is guided into self-hypnosis and is then asked to repeat the following statements after the hypnotherapist:

1. I _____ deserve to live my life with respect and dignity.
2. I _____ deserve to live my life to the fullest.
3. I _____ am an adult, mature individual, intelligent, educated, clever, ingenious, tolerant, creative, and wish to get well.
4. Any emotional disagreements will be resolved on a psychological level through internal dialogue, writing in the journal, therapeutic sessions, writing poetry, and developing a new understanding of the difference between the past and the present.
5. Any internal conflicts will be resolved on a psychological level.
6. I _____ give my word of honor and vow that I will do no harm to myself externally, internally, passively or actively, intentionally or unintentionally, and I will resolve all my conflicts and emotional disagreements on a psychological level.
7. I _____ as a whole person, including all of my parts and ego-states as well, as alters and fragments, deserve to heal, recover, and to get well.
8. I _____ as a whole person give my word of honor and vow to do whatever is necessary in this therapy to heal, recover, and to get well.
9. Every day in every way, I continue on the road to full recovery. I gain new insight, new understanding, and new energy in the determination to recover, heal, and get well.
10. Every day and every way, I am getting better and better.

Corporate Headquarters of the Mind

Donald A. Price, Ph.D.
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INTRODUCTION AND INDICATIONS

The following is a visual imagery structure that I use very frequently with adults molested as children (AMACs) and multiple personality disorder (MPD) patients. Since most AMAC and MPD patients are quite visual and excellent hypnotic subjects, these internal structures and pictures are usually easy for them to visualize, and the effects are often quite remarkable. Some of the ideas are not original, and where I can remember their source, I have cited it.

At some point in a formal induction procedure, after teaching several hypnotic phenomena, such as ideomotor finger signals, and glove anesthesia, arm rigidity, etc., for deepening purposes, I give the following suggestion.

THE ELEVATOR OF YOUR MIND

Picture yourself getting on an elevator at the top of a tall building and pushing the down button. As the elevator descends floor by floor, you go deeper and deeper into trance and relaxation. I do not know with my conscious mind nor my unconscious mind, and you do not know with your conscious mind, but your unconscious mind knows just how deep you need to be in trance for us to work effectively today. Just continue to go down deeper with each floor, with each exhalation, with each passing second. When your unconscious mind knows you have reached the right depth of trance, the elevator will stop descending, and then move the "yes" finger.

Some elevators are old and you can feel them going down, deeper and deeper; more modern ones are so smooth you cannot feel them descend, but have to watch the numbers to know that you are going down; some of the very old ones and the very new ones you can see out and see that you are going down, deeper and deeper into trance. [Sometimes the elevator gets stuck, at which point one deals with resistance, usually some kind of fear, until the elevator starts descending again. With some patients, and after practice in using this image, you can suggest that they are on the "express elevator." These deepening suggestions may also be used as an introduction to any of the following metaphors.]

THE LOUNGE ROOM

[When the "yes" finger moves indicating that the person has reached the right depth, I suggest:] The elevator door opens, and we get off and go across the hall into a nice comfortable lounge room. Inside there is a large comfortable easy chair. Can you see that? Good; have a seat and make yourself very comfortable. In front of you is a large screen TV and a VCR. Can you see those? [If patient says they are unclear or fuzzy, I suggest: "Take some deep breaths to take you deeper into trance, and the picture will become clearer." It usually does.]

On one wall or the other, to your right or left, is a chalkboard. At the bottom of the board is a tray with a piece of chalk in it [source of chalkboard image is Bernauer Newton, Ph.D.]. This chalk is very special. It can help us by writing answers to questions we may have and provide us with directions. [At this time if we are in the uncovering process with an AMAC patient I will ask him/her:] Pick up a video cassette from the stack at the side of the chair. Our mind is very much like a giant video library. Take the tape that we need to review today. [If the patient does not know which tape to choose, I ask her to "ask the chalk to write on the board which tape to pick." Any time there is difficulty with retrieving the memories in this way, we ask the chalk to tell us why; it usually does, and we may then proceed from there.]

Put the cassette into the VCR and when a picture starts to appear on the screen move the "yes" finger. [As the picture starts:] You can review the episode silently and then tell me what you have seen, or you can tell me as you are seeing it. [As the person gets into the memory I usually start talking in the present tense to help him/her *be there now*. Sometimes the picture will stop and it is obvious that there is more, but it will not proceed. This is a good time to ask questions through the chalk, such as, "Why did the picture stop?" or "Does another part of your mind have this information?"]

THE CORRIDORS OF YOUR MIND

[With patients who have or are suspected of having ego states or alter (multiple) personalities, after getting off of the elevator, I suggest:] As we walk down the corridor, look at the doors and see if there are any names on them. [If there are, I begin to ask if we can talk to the people behind the door. Sometimes a window or speakeasy hole needs to be placed into the door. The corridor image is often a way to begin to get a "map" of the alters. Find out how many doors there are, and how resistant the occupants are to talking. For non-MPD patients these corridors and doors may represent people and memories – locked in the rooms – of abusive events, or issues to be resolved.]

THE CONFERENCE ROOM

[Particularly with MPD patients, the conference room is a place to gather alters together for meetings and negotiations, to share feelings and information, as well as to decide who is ready to fuse, etc. The therapist need simply suggest:] I would like all (or certain alters) to gather in the conference room so we can discuss. . . .

THE COMMUNICATION ROOM

The communication room is particularly useful with MPD patients. When a new alter

has been identified who does not know the other alters or host, but is willing to begin communication, the patient can be taken to the communication room and shown a row of "video phones" or even one "video phone" with the instruction: "All you need to do is punch the name of (host or alter) into the telephone and listen and watch on the screen to see what she looks like. Can you see her? Let her know you are there and are interested in talking with her now. Any time you need to tell her something, all you need to do is punch in her name and you will be in communication with her." Gradually, as the amnestic barriers are broken down, and alters communicate and see each other directly, internal communication is facilitated in a fairly nonthreatening way.

CENTRAL CONTROL OR CIRCUIT ROOM

After having identified and worked through important issues, imagery of the circuit room can help to formalize change. Attitudes and behaviors that have been linked by trauma or learning can be "unplugged" or "disconnected." Intensity (or feelings, pain, etc.) can be "turned down." Certain dysfunctional "plugs" may be removed and replaced with new functional "plugs." On-off switches (e.g., black/white, either/or attitudes and behaviors) can be replaced with light-dimmer type intensity switches. Suggestions like the following are often used:

Take the elevator down deep into your unconscious mind to that depth, that floor where we find the control room. [Pause] Let me know when we reach that depth by moving the "yes" finger. Now, look around and find a door that says Control Room, or Circuit Room, and let me know when you see it. . . . That's right. Now, let's go in, and look for that circuit board [plug, etc.] labeled [name of the issue being dealt with]. [If two issues are connected with each other that should not be connected, I suggest:] Notice that the plug labeled *(e.g., sex)* is connected by a wire to *(e.g., pain)*. Let's cut the wires. Take some wire cutters or an ax, whatever you need to disconnected the wires. [Sometimes the wires automatically go back together, or a plug is resistant to being removed. All of this is material that the therapist with experience learns to respond to with creative suggestions, dealing with the resistance, whatever its nature. A cartoon showing a workman inside the brain amid a myriad of wall plugs, hanging plugs, and criss-crossed extension cords is often shared with the patient to introduce humor into the therapy.]

THE COMPUTER ROOM

I have found the visualization of a computer room to be particularly useful with cult victims who have actually been programmed with hypnosis, drugs, and torture. When attempting to change programs with such victims, the therapist must be prepared to deal with pain reactions that have been conditioned to any attempts at deprogramming. Other highly sophisticated brainwashing techniques, such as "backup" programs and programs that are protected by "screens" are also found. With experience, practice, luck and creativity, however, the therapist can learn to circumvent even the most devious brainwashing "programs." Recently a TV episode of Matlock depicted the creation of an "umbrella program" to surround a sophisticated security program, mimic it, and circumvent it by relaying information to a different person. A cult abuse patient had fortunately viewed this TV episode and I was able to create just such a program for her. Therapists who are caring and have a good therapeutic relationship with a cult victim have a power in their visualizations that the cult programmers and perpetrators of pain and abuse simply do not have. Eventually the caring, consistent, and genuine relationship, coupled with creative hypnotherapy, wins out. Many patients have experience with computers, which facilitates the use of imagery about computers.

Some patients, I have found, can use this imagery self-hypnosis to communicate with ego states (typing messages on the CRT of their mind). Very concrete suggestions are given such as: "Go down the elevator floor by floor, deeper and deeper into trance . . . etc. When you reach that depth of trance where the com-

puter room of your mind is located, the elevator will stop. Get off of the elevator and look for a door that says 'Computer Room' . . . yes, that's it. We go in and sit down at the console. Now look around for the disk that has the program on it that is causing trouble (e.g., with overeating). Take out the disk, and let's look around for any other backup copies. Let's put them in a pile and burn them." New programs that the patient helps to create can then be typed into the console. Backup copies are always made.

For removing programs that have been installed through more complicated means, such as through electroshock during brainwashing or cult programming, a reversal of the programming with hypnotically compressed time can be effective. In this latter case I give the following suggestions while the person is in trance, even in the computer room:

Now we are going to completely remove this program, and the way we will do it is to go through the rite/programming episode backwards, using hypnotically compressed time. You will feel some pain, just as you did when the original program was installed, but it will go fast and will be minimal. [Since wires were sometimes attached to the victim's head, I will put my hands on each side of the patient's head, partly to restrain the seizure-like jerking as he abreacts, partly to simply use healing touch.] Now I will count *backwards* from 5 to 1, and by the time I finish counting, all of the program and pain will be removed. Now I will begin: 5 . . . 4 . . . 3 . . . 2 . . . 1. [If the patient is still in pain or trembling I will ask if there are backup copies of the program. If there is a nod for yes, I repeat the counting with the suggestion that this will remove all backup copies of the program. Usually the pain or abreaction stops and the patient becomes calm.]

GOING BACK UP THE ELEVATOR

Sometimes during the recall of a memory, during an abreaction, or other work with the above methods, a patient will appear to come out of the trance state and to seem as if they have finished and are alert in the present. Frequently this is not the case. Thus, routinely in concluding work with any of the above procedures, the patient is told: "OK, now let's go back and get on the elevator and push the 'UP' button. As the elevator takes you back up, your breathing begins to return to normal, and as you reach the top floor, your breathing returns to normal. And as the door opens, your eyes open, and you find yourself oriented back in the present time, place and person." I have found that when this is not done, talented hypnotic subjects may still remain in a trance, or if they realert too fast, they may experience a headache, especially in MPD patients where there has been a lot of switching between alters. When this happens, simply suggest that they go back down, and come up the elevator more slowly.

Metaphors with Multiple Personality and Trauma Patients

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SETTING A BROKEN BONE AND LANCING A WOUND

[This has proven to be a useful metaphor in preparing a victim of trauma for the painful abreactive work of reliving a past event.] The work that we have to do is very much like what must happen after a child breaks her leg, or an adult has a painful, infected wound that must be lanced. The physician doesn't want to cause the patient pain. But he/she knows that if he/she doesn't set the bone or lance the wound, the patient will continue to hurt for even longer, and will remain disabled and never recover properly and normally. It's hard and painful for the physician to do that procedure and create pain through setting that bone or lancing that wound. But it's an act of caring, that allows healing to take place.

And this process of facing painful memories and feelings from the past will be painful for a short time, just like setting a broken bone. But

then you won't have to continue hurting from what happened, and healing will finally take place.

PRESSURE COOKER METAPHOR

[This metaphor is helpful with patients in crisis who have tremendous internal pressure, often from alter personalities who are overwhelmed with feelings. It may motivate patients to allow the controlled release of emotions, for example, through the technique of dissociating affect and content (Hammond, 1988f; Hammond & Miller, in press; Erickson & Rossi, 1979).]

Have you ever seen an old-fashioned pressure cooker? My grandmother used to have one. You would latch it shut, and turn up the heat, and the bubbling water and steam inside created tremendous pressure. After a while, some of that pressure had to be released or something would burst.

Right now you're experiencing tremendous pressure, from all the feelings inside. And it's important for us to use a safety valve to release that pressure, gradually, safely, in a protected and controlled way so that no one is harmed in an explosion of emotions.

A Projective Ideomotor Screening Procedure to Assist in Early Identification of Ritualistic Abuse Victims

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It is certainly well-known that many MPD patients have a variety of fears and phobias, many of them stimulated by the nature of their traumatic experiences. It is the experience of many clinicians, however, that MPD patients who are victims of ritualistic abuse often have very idiosyncratic fears and phobias. As a tentative clinical tool for which there is currently no data on reliability or validity, I have begun asking hypnotized MPD patients about their fears. Ideomotor signals may be obtained so that any alter personality may indicate if he/she is afraid of an item, or individual personalities may be asked these questions. The italicized items below are believed to be more likely to elicit a fear reaction in ritualistic abuse victims. They have been embedded within a list of numerous other more common fears. Clinicians might also have patients rate the strength of the fear (e.g., on a 1-7 scale).

IDEOMOTOR FEAR INVENTORY FOR MPD PATIENTS

"Is anyone inside afraid of . . .?"
[Patients not diagnosed as MPD may be asked, "Is any part of you afraid of . . . ?"]

1. Heights
2. Doctors
3. Dentists
4. *Stars*
5. Speaking in Public
6. *Fire*
7. Being teased
8. *Knives*
9. Crowds
10. *Blood*
11. Sudden noises
12. Being criticized
13. *Being photographed*
14. *Dying*
15. Large open spaces
16. *Candles*
17. Sick people
18. *Feces*
19. Dogs
20. Cats
21. *Animals being hurt*
22. *Robes*
23. Being in an elevator
24. *A certain color* (specify)
25. Sight of deep water
26. Rope
27. *Colored rope*
28. *Certain animals*
29. Fences

30. *Masks*
31. *Eating certain things* (specify)
32. Birds
33. Enclosed places
34. *Coffins*
35. Airplanes
36. *Red meat*
37. Lightning
38. *Being shocked*
39. Being ignored
40. *Cemeteries*
41. *Crying*
42. Crossing streets
43. *People in a circle*
44. *Snakes*
45. *Spiders*
46. Journeys by car
47. People in authority
48. *Certain numbers* (specify)
49. *Goats*
50. Horses
51. Cows
52. *Digging in the dirt*
53. Snow
54. *People with a missing finger*
55. People with a deformity
56. *Nude men or women*
57. Taking a test
58. *Halloween*
59. Clouds
60. *Winter or summer solstice*
61. An eclipse of the sun
62. *The equinox*

HYPNOSIS WITH SEXUAL DYSFUNCTION AND RELATIONSHIP PROBLEMS

INTRODUCTION

THE FIRST SECTION OF this chapter will present suggestions and metaphors for use in the treatment of sexual dysfunction. I have included many suggestions that I use in sex therapy since, unfortunately, very few suggestions were received from other clinicians. Although there are two volumes (Araoz, 1982; Beigel & Johnson, 1980) on this topic that describe useful procedures, there are very few actual suggestions modeled in the literature. The latter portion of the chapter provides suggestions that may be used in couples or family therapy and in general to enhance interpersonal relationships.

Hypnotherapy with Sexual Dysfunction

Far too many therapists with a superficial knowledge of sex therapy techniques (e.g., sensate focus exercises, the "squeeze" technique) have been willing to treat dysfunctional patients. An elementary knowledge of traditional sex therapy or hypnosis techniques that has been gleaned from a book or brief workshop is inadequate preparation for ethical practice. The hypnotherapist wishing to treat sexual dysfunctions must first master an extensive and complex body of literature on the evaluation of sexual disorders (Kaplan, 1983; Kolodny, Masters & Johnson, 1979; Krane, Siroky & Goldstein, 1983; Schover & Jensen, 1988; Wagner & Green, 1981). Afterwards, NIMH sponsored ethical standards mandate 50–100 hours of

advanced supervision in sex therapy (Masters, Johnson, & Kolodny, 1977; Masters, Johnson, Kolodny, & Weems, 1980) to hold oneself out to the public as qualified to work with such referrals.

It should be noted that even well trained sex therapists are now finding the successful treatment of sexual disorders to be much more challenging than was originally believed. Initial reports (e.g., Masters & Johnson, 1970) in the field of sex therapy suggested an extremely high success rate. But recent effectiveness studies of behaviorally oriented sex therapy (DeAmicis, Goldberg, LoPiccolo, Friedman, & Davies, 1984) and surveys of certified sex therapists (Kilmann, Boland, Norton, Davidson, & Caid, 1986) have documented lower success rates than were originally suggested (Heiman & LoPiccolo, 1983). Methodological flaws have also been pointed out (Zilbergeld & Evans, 1980) in the work of Masters and Johnson (1970; Schwartz & Masters, 1988) that cast further doubt on the validity of the high success rates reported for their traditional approach. Sex therapists are struggling with difficult cases and finding that their traditional approaches are, in many cases, unsuccessful or only partially successful.

This seems due, at least in part, to the increased incidence of cases of inhibited sexual desire (ISD). This is a term originated by Lief (1977) to describe a syndrome that he and others (Frank, Anderson, & Rubinstein, 1978; Kilmann, et al., 1986; Lief, 1985; LoPiccolo, 1980; Schover & LoPiccolo, 1982) find is the most widespread sexual dysfunction. Recent estimates suggested that 50% or more of sex therapy clinic patients have the diagnosis of ISD (Shover & LoPiccolo, 1982). And yet this is perhaps the most complex and least successfully treated sexual complaint (Kaplan, 1979; Leiblum & Rosen, 1988; Zilbergeld & Ellison, 1980), typically requiring a greater number of treatment sessions than other dysfunctions (Kilmann et al., 1986; Leiblum & Rosen, 1988). It seems often to involve problems with communication and intimacy, traumatic sexual experiences, and negative parental models (Stuart, Hammond & Pett, 1986, 1987).

Since ISD is exceptionally widespread and traditional sex therapy highly limited in treating this problem, we perceived an increasing need for more effective treatment protocols. Hypnosis has been used in the treatment of sexual problems for a long time. Almost 50 years ago, Erickson and Kubie (1941) provided us with the earliest known case of the successful treatment of ISD with hypnosis. Hypnotic interventions with sexual dysfunctions (Araoz, 1980, 1982; Crasilneck, 1979, 1982; Hammond, 1984b, 1985c; Zilbergeld & Hammond, 1988) seem to hold considerable promise in sex therapy, although the literature consists exclusively of case studies and outcome reports on series of patients. However, a recent survey (Kilmann et al., 1986) indicates that the potential of hypnosis remains largely untapped by certified sex therapists, only 7% of whom use hypnosis in their clinical work.

ADVANTAGES OF HYPNOSIS IN SEX THERAPY. The use of hypnosis in sex therapy has several unique strengths to recommend it. Hypnosis may be used in the treatment of the individual patient without a partner. Relatively few treatment options have typically been available for the single patient or those without cooperative partners, particularly if the therapist does not use sexual

surrogates. Interestingly, the largest and most extensive follow-up reports on the use of hypnosis with sexual dysfunction have been on individual patients suffering with erectile dysfunction (Crasilneck, 1979, 1982). Crasilneck reported follow-ups on a larger number of impotent patients than any other sex therapy researchers, including Masters and Johnson, and with comparable outcome rates to those of Masters and Johnson (1970).

Hypnosis also offers techniques that allow rapid exploration and identification of underlying conflicts, unresolved feelings about past events, and factors beyond conscious awareness. For example, many patients have reported in an initial sex history that they had never experienced incest or sexual molestation. Later, however, early childhood sexual abuse was uncovered through the use of hypnosis. There are additionally times when adaptive functions are being served by sexual dysfunctions, of which the patient has only limited or no conscious awareness. A dysfunction, for instance, may serve as a way of protecting the patient against a fear (e.g., of infidelity), of punishing the self for past misbehavior, or of expressing anger toward a partner.

Learning self-hypnosis may provide patients with a sense of self-control and a technique for stress management. Physical and mental tension and fatigue often inhibit sexual interest and performance capacities. Some patients need a method for mentally "changing gears" and making a transition from a hectic day to being able to focus on sensual involvement. Self-hypnosis provides them with such a skill for anxiety reduction and decompression, as well as for the arousal of sexual passion through sexual imagery prior to sexual involvement.

Discouragement is a factor too often overlooked in sex therapy. Many patients simply no longer believe that they will ever be able to experience passion and interest or to perform adequately. However, perhaps due to the popularized images of hypnosis as mystical, some patients come to therapy with a belief that hypnosis can do for them what they cannot do for themselves: promote change. Hypnosis may be used to provide hope, increased feelings of self-efficacy (Bandura, 1977), and confidence that change can occur. "Trance ratification" procedures can convince patients of the power of their own mind and of hypnosis to help them. When patients feel an arm levitate and float up involuntarily, they are often convinced that this thing called hypnosis may, in fact, be capable of doing something for them. Similarly, when a glove anesthesia is created in a hand so that a needle may be painlessly put through a fold of skin on the back of the hand, patients are convinced that they have more potentials than they realized and that perhaps their mind is powerful enough to stir sexual desire, facilitate orgasm, or create erections.

We are well aware that some patients are endowed, either through heredity and/or early life experiences, with exceptional hypnotic capacity. For individuals with these native capacities, hypnosis can be an extremely powerful tool. When patients possess the capacity to focus and use their minds so powerfully, it seems a shame not to utilize their unique talents.

Hypnosis also offers us a variety of techniques for altering problematic emotions and increasing desired emotional states. Symbolic imagery techniques often allow patients to release pent-up feelings like anger and

resentment, without further harming the relationship with the partner. For example, such a patient may experience himself gradually smashing a huge boulder in the mountains while simultaneously venting his angry feelings. Other patients may imagine breaking through a barrier, discarding old parental messages that evoke negative emotions, or placing feelings of guilt in the gondola of a hot air balloon and watching it float away. The chronically fatigued patient may imagine an energy transfusion or withdraw to a serene place in self-hypnosis. The master control room technique, found at the beginning in this chapter, has proven surprisingly effective in stimulating feelings of sexual desire, particularly after roadblocks to desire (e.g., relationship problems) have been removed.

In the treatment of secondary dysfunctions (e.g., inhibited sexual desire, erectile dysfunction), hypnotic age regression may revivify memories that help rekindle and recapture positive sexual and affectional feelings. Hypnosis and self-hypnosis can enhance the patient's ability to focus attention and increase sensory awareness, thereby facilitating increased arousal and pleasure. Hypnotic techniques can also aid in elucidating internal (cognitive, imagery) processes that are impossible to observe and difficult to explicate through discussion alone. Occasionally, for instance, spouses report a very unpleasant experience with assigned tasks like sensate focus, but they are unable to explain why or provide details about thoughts or images that may have interfered. Through hypnosis patients may be regressed to the sexual date several days earlier; as they mentally relive the experience, the suggestion may be offered, "Everything that you are thinking, mentally picturing, and experiencing, just say out loud." Patients are often able to provide details of what were elusive and unavailable internal processes.

LIMITATIONS OF HYPNOSIS. Despite the many advantages of hypnosis, hypnosis is not a panacea and is frequently most effective when combined with other therapeutic methods. Although I use hypnosis with considerable frequency, I do not rely on or advocate the unitary use of hypnosis. As with any single treatment modality, there are also some limitations and cautions in the use of hypnotic techniques in this area.

First, hypnotherapists may experience the temptation to overemphasize an individual focus for treatment, neglecting important relationship factors that may be involved. Individual psychotherapy has been known for many years to have the potential to evoke pathological reactions in the untreated spouse (Kohl, 1962), and deterioration in the marital relationship appears to be a greater risk in individual marital therapy (Gurman & Kniskern, 1978a, 1978b). We find in sex therapy that, unless individually focused hypnosis is used in a context that involves the partner in assessment and in at least part of the treatment, there is a risk that some patients may feel singled out as the "identified patient," and relationship factors may be neglected. It is recommended, therefore, that the partner be included from the beginning in assessment. When I do individual hypnotic work, the mate is typically involved in behavioral assignments afterwards. If the individual work requires more than three or four sessions, it is further recommended that a conjoint session occur for one-half hour or an hour each month to maintain

the spouse's feeling of involvement and input. The temporarily uninvolved partner is also encouraged to call between conjoint sessions if an individual or conjoint session is desired and/or to send feedback through the spouse.

It should also be noted that spouses may sometimes be present during hypnotic work. Some patients will feel self-conscious, as though they have an audience, and prefer not to have the spouse in attendance. However, occasionally a patient will feel more secure having his/her mate present. Inquire about this matter and respect the feelings of the patient. When a partner witnesses an age regression to a negative past experience(s), he/she will generally be more empathic and supportive of the mate. Some hypnotic techniques also focus on both partners simultaneously, such as mutual hypnosis. Both mates may also be age regressed to a wonderful experience, or the technique of pseudo-orientation in time into the future may be used to have them share a fantasy of having beautiful sexual experiences together. On the other hand, if the patient is being taught to enter a self-hypnotic state and create sexual fantasies to facilitate sexual desire, and the fantasies are about partners other than the spouse, an individual session will be desirable.

Variations in the native hypnotic talent level of patients provide an inevitable limitation to hypnotic work. Thus the 5%–10% of patients who either cannot or will not be hypnotized and realistically the other 10%–15% of patients who enter only very light trance states will be limited in their hypnotic capacity and unlikely to benefit from such treatment. Furthermore, even after being educated about the nature of hypnosis, a very small number of patients will not want to be hypnotized because of the widespread misconceptions about hypnosis. Thus hypnosis is like any other therapeutic technique: it will not be effective with everyone. Finally, we should note, once again, the need for controlled research in this area to accurately investigate the potentials of hypnotic treatment of sexual dysfunction.

Hypnosis with Interpersonal Problems

In the final section of the chapter you will find a variety of suggestions focused on relationships with spouses, families, and others. Although we cannot directly control the reactions of another person, hypnosis may be an aid in fostering healthier interactions with others and healthier perceptions of relationships. Hypnosis may also serve a number of functions in couples therapy. For example, it may be used to work through resistance and overcome stalemates in therapy. Hypnosis may assist in resolving problematic emotions, such as anger and resentment. Hypnotic exploration can uncover the hidden goals and unconscious expectations behind interaction patterns, as well as promote insight into parataxic distortions rooted in experiences with the family of origin. Certainly, hypnosis may also be used in the service of individual treatment needs with one partner from a marriage, for example, in resolving past trauma or learning self-hypnosis to cope with premenstrual syndrome.

HYPNOTHERAPY WITH SEXUAL DYSFUNCTIONS

The Master Control Room Technique

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INDICATIONS AND CONTRAINDICATIONS

This technique was designed to be used in the treatment of inhibited sexual desire, ejaculatory inhibition, orgasmic dysfunction, erectile dysfunction, and sexual addictions. It seems most effective when hypnotic exploration has been done first to rule out or work through unconscious conflicts or resistance to change. This method may be easily adapted for application to eating disorders.

SUGGESTIONS

Now you are going to enter a very special room, a nerve center, a control room in the hypothalamus part of your brain. This is the control room for all your feelings and desires. As you find yourself in this room, notice all the panels of lights, lights of different colors. You may be aware of the sounds of the computers, the temperature of the room, and perhaps even a distinctive smell.

As you observe the banks of colored lights, you can notice the different panels. There may be one panel that regulates your appetite for food. And you can notice another panel that regulates your level of sexual desire and interest [or, arousal, erection]. And on those panels you'll see a dial, or I wonder if it's going to be a lever, or perhaps some other kind of control that can be set from 0-10. Zero is the level of no interest. Everyone has had the experience of not being hungry. Sometimes you're not interested in food, and not interested in sex. Ten is the level of strong desire or appetite. We all know what it's like to really want and desire something. Nod your head when you see the panels and the dial.

Now look closely at the panel regulating sexual desire and interest [arousal, erection], and tell me, what number does it look as though it's set on? Um hmm. Now reach over and take hold of the dial or lever, and move it slightly, gradually. And as you do so, you're experiencing a different feeling. Be aware of that change in sexual desire [arousal]. [Brief pause] You may find it interesting to notice, how and where you begin to experience an increased desire [arousal]. [Pause] And now, as you get ready to turn the dial again, what number is the dial on? [Wait for response] And where would you like to turn it to? [Following response:] Okay, and as you turn the dial from (3) to (4), let me know when your body senses the difference.

[If resistance is encountered and the patient does not report an ideosensory experience, refer to the alternative phrasing for resistance section found later in the script, and then return to the text below.]

Um hmm. And move the knob from ___ to ___, as you begin to experience the delight, or perhaps the exhilaration, of the desire [arousal] that's increasing. And those hormones are being set free, released, into your bloodstream, pulsing, and flowing all through your body, and especially concentrating in certain places. And you really don't need to know how to do this, because you know that you know how at an unconscious level. And you may be aware of how those hormones are stimulating sensations, very natural urges, and feelings, in such a fascinating way.

Let me know when it's all right to increase the dial one more level. [Pause for response] All right, turn the dial from _____ to _____, as you effortlessly begin to appreciate, and savor the feelings of desire [arousal], circulating through you. And when would you like to increase the dial one more level?

NEGOTIATION, IDEOMOTOR COMMITMENT, AND POSTHYPNOTIC SUGGESTION

And would you like to increase the dial again, or leave it at this level? [Negotiate and allow the patient to determine the level where the dial is set. Ideomotor signaling may also be used to determine if it is acceptable with the unconscious mind to leave the dial at its current level for the following two weeks to determine how that feels. When an ideomotor commitment is obtained, reinforce the commitment with posthypnotic suggestions. When a commitment is not obtained, the following kinds of suggestions may be given.]

And you can feel relieved, and pleased, and perhaps even a pride in knowing that you'll now be able to regulate the level of your own sexual desire [arousal]. And you may choose to permit this change, so that you can leave it at either a moderate, or even a high level. Or, you may choose to allow your unconscious mind to modify it, depending on the appropriateness of the circumstances. From now on, you can be so satisfied, knowing that you can easily and automatically adjust that dial to regulate your level of desire and interest [arousal]. You may find it particularly surprising to discover, how *rapidly* you can increase your level of sexual desire [arousal], when you snuggle against your partner. So that when he/she cuddles you, in a pleasant way, you can become aware of interesting sensations that develop, and flow. And as you snuggle, pleasant sensations may spread more than you'd anticipate, as you recognize, perhaps with some surprise, how rapidly you can increase your level of sexual desire [arousal], when you're close to your partner.

ALTERNATE PHRASING WITH RESISTANCE

[When the patient does not notice feelings and sensations, you may suggest:] Isn't that interesting? That just proves how subtle those changes are. They're almost imperceptible when they first begin. And we really don't need to know what's going on. It's kind of like sometimes when we're watching a television program, or when a movie is really exciting, you become very absorbed and involved in it. And while you're sitting there, wrapped up in the show, you're not noticing your body's response. And yet as the tension builds in the movie, your body also gets very tense and tight, and adrenaline is being released. And then, after while, when the excitement of the show is over, and everything has turned out well, you suddenly become aware of the sense of relief and release, and all those feelings that you weren't even aware of. And these changes also begin subtly at first, as the hormones begin their work, and the nerves become more alert. And it's really not important for you to fully sense these changes, in *this* environment. [Now return to turning up the dial, saying:] And you may or may not notice the physical and subjective feelings associated with the hormones that are being set free. [Return to the primary text above.]

[Later, the resistant or less talented subject may be given the following types of suggestions:] And I'm not sure just when, or where, you'll begin to detect the difference. Your unconscious mind can bring about that awareness, of change, in a way that meets your needs. It may be that you suddenly and spontaneously become aware, that you feel urges, feelings, an impulse. Or, perhaps there will be a gradual growing sense of progressive changes, of a subtle, unhurried, natural evolution. And I don't know if you'll recognize those changes tomorrow, or Thursday, or next week. But in an interesting way, you'll realize that you *are* changing, in your own personal way.

[Still another optional suggestion that may be useful with a subject who resists turning up the dial significantly is to add:] And you can wonder, how soon it will be, until your unconscious mind has prepared, so that you'll be able to move that dial to a higher number, whenever you really want to.

Illustrative Suggestions in Sex Therapy

Bernie Zilbergeld, Ph.D.
Oakland, California

"The only important thing is the sensations you experience. So focus where you're being touched. Experience the texture, temperature, pressure and movement. Immersed in feeling and sensation. Nothing to do but to feel and experience the pleasure.

"It can be exactly as it was [name a time when things went well, e.g., before you moved to California; in Hawaii]. You can feel the same feelings, experience the same sensations and pleasure, and function just as you did then. Everything can be just as it was in Hawaii. Just as much pleasure, just as much fun. Everything exactly the same." [This suggestion may be used in conjunction with mental rehearsal or age progression.]

"I wonder if you know how really excited you can be, how truly, totally turned on, feeling arousal from your toes to your nose, in every nook and cranny of your being.

"I wonder if you can find a way of enjoying this. Some way of making it your own and enjoying it for your own interests, growth and pleasure. Some people get into it because they like giving pleasure to their partners. Some people because they feel it's an important skill for themselves. Some because they're curious about what they can learn. There are lots of ways of getting into this and enjoying it. I wonder what way you'll find.

"A man who can only give pleasure to his partner is halfway there. It's also necessary to be able to take pleasure for himself. To ask for it, direct it, focus on it, luxuriate in it, and be totally immersed in it. Learning to take and experience pleasure is so important to being a good lover.

"You can't give up control until you have it, so what you need to do is take more control. Ask for stimulation when you want it, and get it exactly, precisely as you want it. Be in charge and get just what you want, and enjoy the feeling of taking control, being the director of what happens to you.

"Just as you have been focusing on sensation in the last few moments, engrossed in the feelings in your chest, so you'll be able to become focused and immersed in sensation when your wife caresses your arms and legs.

"Just as you functioned well and had satisfying sex before your baby was born, so you'll be able to function well and have satisfying sex in the future. As it was before, so it shall be."

Hypnotherapy with Psychogenic Impotence

Harold B. Crasilneck, Ph.D.
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INTRODUCTION AND CONTRAINDICATIONS

Crasilneck's (1979, 1982) reports on the treatment of patients seen for erectile dysfunction represent the largest and most extensive follow-up reports on the use of hypnosis with sexual dysfunction. Crasilneck's (1982) outcome rate at 12-month follow-up for his last 100 consecutive patients treated was 87% with an average of 10 sessions. The return of good erectile function occurred on average following the fifth hypnotic session.

Hypnosis, particularly when combined with education of the patient and work with the spouse, may be extremely effective with this condition. Hypnosis also has the distinct advantage of dramatically expanding the range of intervention techniques available for treating the patient without a cooperative or available partner. Despite Masters and Johnson's (1970) original claims that 95% of erectile failure was psychogenic, recent research suggests that perhaps 40% of erection problems have an organic contributor (e.g., Krauss, 1983; Spark, White & Connoly, 1980). Therefore, before proceeding with hypnotherapy it is vital for clinicians to

conduct careful diagnostic workups on erectile dysfunction patients. Most physicians, including urologists, do not conduct thorough and adequate evaluations for this condition. Nocturnal penile tumescence monitoring is perhaps the best single test for discriminating organic from psychogenic impotence. An adequate endocrine screen should include evaluating serum testosterone, LH, FSH, and prolactin levels. Doppler studies may be conducted to evaluate vascular involvement. Finally, a fasting glucose tolerance test should be conducted to determine if undiagnosed diabetes may be a contributor.

In addition, Crasilneck (1982) has advised: "It is expedient and judicious for the referring physician to realize that there are certain individuals who should not be hypnotized and that there are contraindications to the use of hypnosis with such people. The highly masochistic person, the extremely depressed male, the individual with a psychotic history and/or the person with a background of severe conversion reaction. In such cases, the decision must be made between the referring physician and the hypnotherapist. The assessment and evaluation of the patient prior to the use of hypnosis is foremost in every case" (p. 56). (*Ed.*)

HYPNOTIC TECHNIQUE WITH IMPOTENCY

As early as 1954, the author used hypnotic induction and the suggestion of catalepsy [arm rigidity] to one of the patient's arms, in order to demonstrate the control and strength his unconscious mind has over this part of his body. The patient is requested to open his eyes, feel the cataleptic arm with his normal hand (in order to prove that he had achieved this physiological cataleptic rigidity), and is told that this power which he displays over another part of his body could be easily transferred to his penis and premature ejaculations. Then, the patient is asked to close his eyes, told to enter a deeper level of trance, and that normal sensations would return to the rigid arm.

Repeated suggestions are made that if the patient could achieve such rigidity in his arm, he could do so with his penis. When the patient is in a deep level of trance, the writer takes one hand of the patient and with the tip of a blunt nail file gently touches the fingers, and includes all areas front and back of the hand, up to the wrist, saying, "The fingers, the palm, the back of your hand up to the wrist will begin to lose feeling. Your hand will feel like a thick electrician's glove. When you have achieved this loss of feeling, this anesthetized feeling in your hand, nod your head." Then, during this trance state the writer requests that the subject open his eyes. The writer says, "See what I am doing. I am stimulating the middle finger of the anesthetized hand with this blunt nail file. The thick electrician's glove which envelops the hand prevents you from feeling any pain. Pressure, no pain. Pressure, no pain. Good. Now close your eyes. Normal sensation returns to the hand. All normal sensations return . . . good. Now as you feel me stimulate the middle finger, pull your hand away. . . ."

The writer then continues: "A deeper and a sounder, and a more relaxed state. The muscles in your body are relaxed and at ease. Free from tension and tightness and stress and strain. You have just observed that you are capable of obtaining catalepsy and rigidity in your arm. You have just observed that you are capable of controlling the perception of pain in your hand, and if one can control the cataleptic strength in a specific part of his body and control the perception of pain in a specific part of his body, so may he control the erection of his penis. You have complete control over every part of your body and you can and will control the erection in your penis."

The writer describes to the patient the psychology and physiology involved in an erection. "First there is the attraction and the foreplay." The writer holds up his index finger, squeezes it tightly and says, "Erection is a combination of psychology and physiology. It is a perception of the love object, a response, a stimulation, a gorging of blood and the trapping of blood. Then following ejaculation the trapped blood is released causing the penis to relax."

In such cases where premature ejaculation is a problem, the patient is told, "As you were able to control the perception of pain in your finger, so can you control the hypersensitivity in your penis which has caused you to ejaculate prematurely. Your fears and anxieties will be less and you will gain both intellectual and emotional insight into your problem."

Therapeutic sessions are weekly, thirty minutes per visit and on an individual basis. . . . The writer did not take as much of an authoritarian approach in the first study as he did in his second and third studies (1979 and 1981). It is now the writer's opinion that such an approach is necessary in the treatment of psychogenic impotency because the hypnotherapist transfers this dominant attitude to the patient who in turn exhibits authoritarian control over his own bodily functions. . . .

The impotent patient is encouraged by the writer to make every attempt to divulge his innermost, secret and cloistered sexual fantasies, not only to the therapist but also to his partner. That is, "What sexual fantasies turn you on more than anything you can think of?"

The patient is allowed the freedom to discuss all his libidinous feelings concerning his heretofore internalized, suppressed sexual caprices and encouraged to share these thoughts and feelings with his sexual partner. Many times he requests that his partner join him for a session or two, so that he may discuss these visionary fancies with his partner, while experiencing the supportive presence of the writer during the session. In most instances the patient has had complete trust and faith in his sexual partner to a point of mutual regard and respect for each other's feelings and welfare, because to this date only a few partners have been unwilling to participate in the subject's fantasies. In some cases the sexual partner, too, has revealed her own lascivious longings. . . .

The verbal expression of sexual fantasies by the patient is an important phase of treatment and the expressions of such fantasies are encouraged. Whenever feasible the therapist encourages the patient to bring these desires into reality with his sexual partner.

Suggestions for Spectatoring and Sensate Focus

D. Corydon Hammond, Ph.D.
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INDICATIONS

These suggestions were prepared for use in conjunction with assigning sensate focus exercises, and to reduce pressure and "spectatoring" in patients with orgasmic dysfunction, erectile dysfunction, ejaculatory inhibition, and inhibited sexual desire.

SUGGESTIONS

As you're touched, you may notice there are times, that you begin watching yourself, almost as though you were a spectator across the room, curious to observe what's happening. Much like when we sort of observe ourselves when doing some new activity [*individualize*: like being consciously aware of a golf or tennis swing, or in driving a car with a different type of gear shift than we're used to]. Whenever we begin a process of change, many people feel a little nervous or embarrassed, and as a result it's really quite natural to briefly take the role of a spectator. But this will pass easily, and you can look forward to refocusing your attention back onto this body, and its pleasant sensations, and just effortlessly become absorbed in the feelings.

Whatever pleasant sensations you're aware of, you can just explore them and allow them to continue, giving yourself plenty of time. And when you feel pleasure or arousal for a few moments, and then lose those sensations, this is all right too. That is very normal and natural, especially when you're learning, to notice and appreciate such sexual feelings. And I wonder how you can focus on the feelings at the place where you are being touched. Allow your attention to remain on those feelings. If your thoughts momentarily wander, gently bring

them back to your physical sensations, and follow your partner's touch with your mind.

And as you do so, just enjoy this opportunity, for you to discover and rediscover, the sensations, the fun, the pure pleasure of touching. And you really don't need to wonder about his/her reactions, because he/she will tell you if anything is unpleasant. So that leaves you free to just playfully touch him/her in ways that are fun, and interesting for you, and you can just use his/her body for your enjoyment.

There are so *very* many ways, that you've already learned how to trust your unconscious mind. If you allow it to do its job, it takes very good care of you. Each day, you speak and just say things spontaneously and automatically, without consciously having to think about how to pronounce each word or each syllable. In a similar way, without consciously having to think, your unconscious mind is continually regulating the flow of blood through thousands of miles of arteries and capillaries, to tissues and muscles that need the blood and its nutrients, causing chemical and nerve changes to close the right, appropriate capillaries, and open others. Simultaneously, it may be opening and closing the retina of your eye, adjusting to the light, while at the same time it is monitoring your blood levels of numerous hormones, and releasing more, when it's necessary.

Without any conscious thought, your unconscious mind coordinates 650 muscles, and more than 100 joints in intricate ways, so that you can walk, and maintain balance, without requiring any conscious thought about how far apart to place your feet, or which muscles to move. Your unconscious mind takes care of *all* that, independently. Consciously, you don't know how to *will* your body to perspire. But throughout each day, your unconscious regulates the temperature of your body, through creating perspiration just when it is needed.

I wonder whether you really need to put so much pressure on yourself? Maybe not? You've already learned that *trying* to help with your conscious mind, and worrying about how you're doing, will only interfere with your pleasure. Please recognize, that your unconscious mind can automatically take care of everything for you, freeing you to just relax and enjoy yourself. So you don't need to push the river, it will flow all by itself. So just let the goals be fun and pleasure. You can allow yourself to just get involved and participate in that pleasure, and your unconscious mind will take care of all the rest. And if occasionally your mind wanders, that's just natural, and you can just wait and see where it wanders to, and how it gently comes back to the pleasure. Just gently, and patiently, go back to enjoying and paying attention to your body's sensations, comfortably engrossed, satisfyingly absorbed in the pleasure from your body, savoring each touch.

SUGGESTIONS FOR SEXUAL AVERSION PATIENTS GIVEN SENSATE FOCUS OR MASTURBATION ASSIGNMENTS

Perhaps you will, be aware, of several different feelings. You don't have to experience arousal. It isn't even necessary, to be aware of pleasurable feelings right now. It's all right to just experience, whatever you experience. And I think you'll be pleased to discover, and you can learn, that there's nothing to bother you or disturb you. And some things may feel familiar, and some things may feel new and unfamiliar, and that's all right. That's the way we grow and develop. For now, you can just concentrate on places that feel different from other places, and notice the distinctive sense of different types of touch. And I really don't know what you'll notice, and it doesn't really matter *to me*. You may be aware of textures, and differing pressures. You may also be aware of warmth or comfortable coolness. You might even notice dryness or some moistness. And I wonder what you'll learn about the meaning of those things as you feel them, and I wonder how you're going to feel about what those things mean. Some things may feel soothing, and others more restful. Some relaxing, and some unusually interesting.

OTHER POSTHYPNOTIC SUGGESTIONS

And as more and more skin is exposed, your skin can feel more and more tantalizingly alive.

And as you sense his/her increasing arousal, *you* can feel more and more aware of the stimulus, which is stimulating in itself. As if somehow, the sounds and movements of his/her arousal are contagious, and are causing a warm flush to pulse and flow to your genitals. And it's like every rush of circulation, every movement of pleasure, increases your excitement.

And when he cuddles you, in a pleasant way you can become aware of the interesting sensations that develop and flow. And as you snuggle, pleasant sensations can spread—it's really fascinating—so much more than you'd anticipate.

Learn to trust your body. It doesn't need your help; it knows what to do, so stop trying to help, and just relax and enjoy. It isn't necessary to help, it can do it all by itself. So just remember that there is no way that you can fail, because the goal of sex is pleasure and sharing closeness.

Suggestions for Facilitating Sexual Fantasy

D. Corydon Hammond, Ph.D.
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INDICATIONS

In traditional sex therapy, patients with performance dysfunctions are encouraged to absorb themselves in sexual fantasy when they are unable to attend to sensual sensations in the present moment and they begin to engage in spectatoring. These suggestions may facilitate this process and make it more automatic.

SUGGESTIONS

If at times you find that your mind is wandering elsewhere during sex, that may be a good time, to direct those thoughts so that your mind can drift off to a memory, or perhaps a fantasy, of something very arousing. So when you notice stray thoughts distracting you, you can use that as the time, for a very sensual, a very vivid, a very enticing daydream to just kind of flow into your mind.

And I don't know if that image will be from a movie you particularly liked, or from something you've read. Perhaps you'll find yourself picturing an especially erotic scene, noticing the sensual way a couple kiss, [pause] the way they lovingly caress each other, [pause] how they begin to gradually, seductively remove clothes. You feel as you remember what you're observing them doing. Perhaps playfully, seductively teasing each other, or tenderly beginning to explore the other's body, with lips, with fingers. Maybe noticing them beginning to move and responding to the pleasure, the sounds of pleasure you hear, the tender, loving things said to each other.

On the other hand, it's fine and fun to know that when stray thoughts distract you during sex, you don't need a movie of others. You may have some vivid memories of your own, that can come freely to mind; sensuous, erotic experiences you shared with someone in the past, or that you wish you had shared with someone. [Pause] And you can become deeply involved and absorbed in those memories, in enjoying the excitement of the interaction, feeling what you know how to feel and felt then, experiencing the excitement and pleasure. Memories can be so real. Many people can sense the texture and gentle softness of skin, silky and smooth; the feel of warm, pleasant curves, and the sensations of soft hair; hearing breathing, whispered words, sighs of pleasure. And it may be that you are even aware of the pleasant fragrance of cologne or someone's hair, along with the mounting pleasure and excitement.

At other times when your mind begins to wander, it could be fun to allow your unconscious mind to get involved in a fantasy,

knowing something you might particularly enjoy. And I wonder if it might involve someone else, or perhaps be about the fun of making love in a different place. I don't know. I wonder whether your unconscious will decide that it will be a quicky, a brief image, or an involved, creative story; if it will be more sensual, or if it will be an elegant kind of romantic adventure. But it really doesn't matter. Doesn't matter at all. All that matters, is that you enjoy this gift, from your unconscious.

So during sex, whenever you notice your mind wandering elsewhere, and you think you might become distracted, that's the reason that it's time, for you to find very erotic, very sensual images coming into your mind. And you can be satisfied, with the good effects these fantasies will have on your sexual relationship.

OTHER SUGGESTIONS FACILITATING FANTASY

And his/her touch will probably remind you of other experiences. And that's all right, to just remember, *really* remember. Images of someone from long ago, images of something very exciting, can just come washing over you, when *(name)* begins to intimately touch you. As if, his/her touch is the signal, for your unconscious mind to spontaneously, automatically, remind you of your passionate, erotic experiences.

And when she touches your penis [or, when he kisses you], you can be surprised and pleased to find very sensual, erotic memories beginning to come, into your mind—exciting, sexual pictures that can absorb much of your attention. [Use repetition of these suggestions.]

SUGGESTIONS NORMALIZING FANTASY FOR THE INHIBITED PATIENT

Using fantasy is one way you can take responsibility for your own pleasure, instead of expecting your partner to do everything. And of course, people never actually do most of the things they fantasize about, but they can still vicariously enjoy some perhaps forbidden pleasures, in an exciting but safe way. And it's your partner who really reaps the benefits.

Changes in Preference Metaphor

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INDICATIONS

This metaphor may be used with cases of sexual aversion or inhibited sexual desire. It may also be useful whenever you need to create a belief that change is possible, and that it can occur autonomously. Rather than simply being a concocted story, this illustrates a metaphor built around almost universal truisms that the vast majority of people have experienced and cannot deny. Commas have been used to encourage appropriate brief pauses, and italics are used to suggest words to be very slightly emphasized which generally contain implications and embedded suggestions.

THE METAPHOR

Most of us have some foods we like better than others. I can recall when I was a child, I loved certain foods. I remember how much I just loved pancakes, and the smell of hot, fresh pancakes cooking in the morning. And umm, after that warm, sticky feel of the syrup, a glass of cold milk tasted *so* good. And I recall the warm, comfortably full kind of feeling after eating them.

I don't know, when you were a child, what foods you liked. But *you* certainly remember, maybe not all of them, but some of them. I don't know, for instance, if when you were a child, you liked eating pancakes, or pizza, or even strawberries. Maybe there was a particular food that you liked *very* much. [Pause] I wonder how you are able to remember as a child, smelling the aroma, or seeing that food

before you. Do you remember the taste of that food, the texture of it in your mouth as you relished it? Perhaps you remember the tingly juiciness of strawberries, and that feeling on your tongue. Or maybe you'd rather recall the crunchiness of fresh carrots out of the garden. For a moment, maybe you can just really enjoy the real memory of your favorite childhood foods again. [Pause]

Most of us as children, also had some foods that we disliked. I can recall as a child, how I hated several kinds of foods. I didn't like peas, and at that time I hated clam chowder and enchiladas. I was turned off by all salads, and mushrooms, and yuk, the thought of eating a lobster or clam was repulsive. I'm sure you can remember some of the different foods that you disliked. [Pause]

There were so many things *then*, that I didn't like, to eat. But you know, it's interesting, even surprising, how dramatically our tastes and preferences *can change*. Some of the foods that you avoided and disliked as a child, *can be enjoyed as an adult*. And what I notice *now*, is that the taste of an enchilada, and the slipperiness of a clam, *seems different*. I'm not sure how; I just know that, *it's different*. And we learn that what *was* unappealing, *can* become really *pleasant* and delicious.

And I guess that's because *it's a part of nature*, as we are continually growing and *changing*. Remember as children, we couldn't imagine how our parents could *enjoy* watching or listening to the news. It had no appeal to us *then*, but later, *that changed*. As a child, you can probably remember some television shows that you had no interest in. [Pause] Many of us just couldn't understand how anyone could enjoy a movie that was *romantic*. A love story had no appeal to us *then*. We had no desire, to see it. *At the time*, it seemed boring. But certain types of programs which once seemed uninteresting, as we changed, *can become enjoyable*.

And it was the same with certain kinds of movies, and with certain kinds of music. [Pause] We couldn't have imagined it at the time, but *we have changed*, in many ways that *we could have never predicted*. And most of the time, we aren't even quite sure exactly how or when those changes came about. But one thing that we can be sure of, is that we will continue to change and to grow. Change is just a very natural part of life.

Metaphors for Going Out to Dinner and Back Scratching

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INDICATIONS

This metaphor conveys the message that it is vitally important to take responsibility for your own sexual pleasure through communicating with your partner. It may be useful when patients have problems with orgasmic dysfunction, erectile dysfunction, or ejaculatory inhibition. It may be equally valuable for sexual enhancement with normal couples or individuals, and in modified form to encourage general assertiveness instead of mind reading in relationships.

SUGGESTIONS

You may enjoy just allowing your mind to drift back to an evening when you and your partner (spouse) went out for dinner, to an especially nice restaurant. Perhaps you recall arriving at the restaurant together, and how it looked, possibly aware of the smell of the food outside or as you entered. And can you kind of remember the details of the restaurant, perhaps aware of the sound of silverware and glasses, the sound of people talking in the background, of being taken to your table, and noticing the things around you, near where you're sitting. And perhaps you can recall looking over the menu, seeing the different selections, and their prices. Some of the entrees probably don't sound very inviting, but there are likely several things that appear *very* appealing. And at times

like this we often talk, and look around, until finally the waiter or waitress comes to take the order.

Have you ever noticed how when the waiter or waitress comes, you just tell them what you'd like? You don't even have to think about it, you just say what it is you've decided you'd like. Now I'm sure that your husband/wife knows what you *often* like. But your tastes can be different from night to night. You don't really feel like liking the same thing every night. And you probably, don't think much, about giving your order for what you want to eat. I suspect you really wouldn't want your husband/wife to be the *only one* to see that menu, and to then place an order for you, making the assumption that he/she knows what you want, without consulting you. Because you both know that he/she can't read your mind.

And so you just naturally take the responsibility, for getting the kind of food that will satisfy your tastes and desires. It's just second nature. We've all learned to speak up, and you express your desires and indicate what will satisfy your preferences that particular evening. Because, after all, your husband/wife can't magically know what you want and desire from night to night. You're going to get tired of the same thing. *Anyone* would get tired of a diet of steak every night, and so sometimes lobster or Chinese food is just what you're ready for, and sounds much more appealing. So of course it's perfectly all right, completely natural, to help your husband/wife, so that he/she knows what it is you'd enjoy on different evenings.

There are lots of other situations when you really have to do the same kind of thing. You know that when you have an itch on your back, and you can't quite reach it, you don't expect your partner to know, unless you tell him/her. And of course, even when he/she knows you have an itch, he/she may not be able to find the right spot. So he/she needs you to guide him/her. And sometimes you want him/her to rub hard, and at other times you just want him/her to scratch lightly. There are times when it may feel better to be scratched back and forth, and sometimes you want him/her to rub up and down. Sometimes in just one place; other times with very long strokes. And when you have an itch, and you guide them in just the right way, to just the right spot, it feels *so* good. But of course he/she can't know, unless you tell him/her. Even though he/she wants to please you, he/she needs you to tell him/her, *somehow*. If not by telling him/her verbally, then by the way you move. Sometimes you can guide someone with your hand, and sometimes you guide them just by being able to move your body.

And it would be really, really nice, for you to remember, that you are really the world's authority on only *one* thing. You are *the* world's authority on yourself, and on what's natural for you. You are the best teacher about what you want, and what gives you pleasure, and what will make you happy at any particular time.

And so sexually [or, in your marriage] . . . [And now make the bridging association to the patient's specific problem.]

Organ Transplant Metaphor

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INDICATIONS

This is a metaphor that may be used in overcoming sexual myths and misinformation. It may also be used in correcting self-defeating introjects associated with nonsexual problems.

SUGGESTIONS

Some years ago, they began doing organ transplants, putting hearts and kidneys into people who needed them. What they began to discover was that when a foreign object, from someone else, was put into another person, that person's body would accept it, for a time. But then, after a while, his body would recognize it as not being his own, and the immune system would reject it.

In a very similar way, as children, with limited discrimination abilities and limited experience, we often took in ideas that were given to us by our parents and other people. They were someone else's concepts, but for a time, most of us accept them. But later on, as adults, our mature unconscious mind finally recognizes these ideas as not being our own, as foreign, and something that doesn't really fit for us. And our unconscious mind can reject those ideas, that were someone else's and may have fit for them, but that later are recognized as foreign, and that don't belong in us. And your unconscious mind can inwardly review, the ideas and concepts that you picked up from other people, and even without your full conscious awareness, can begin to determine which of those are compatible, and which are alien to you.

The Pee Shyness Metaphor for Sexual Dysfunction

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INDICATIONS

This is a brief metaphor illustrating the concept that we cannot consciously will sexual response, but must allow it to happen and trust the unconscious. It may be used with performance problems such as erectile dysfunction, orgasmic dysfunction, and ejaculatory inhibition.

SUGGESTIONS

Many years ago, I used to work occasionally with drug abusers who were on parole. A condition of their parole was that they be in therapy, and that they be on urine surveillance. Twice a week they came to the clinic to leave a urine specimen. The urine specimen would be mailed to a lab, and if traces of drugs were found in their urine, they might have their parole revoked.

These men had urinated tens of thousands of times before, without ever thinking about it, without every questioning their ability to urinate. But when one of us had to go into the restroom with them, to observe them urinate in a specimen bottle, they often couldn't get their urine flow started. When they felt pressure to perform, they couldn't. The harder they tried to will it to happen, the more they couldn't urinate.

We simply can't will our body to respond. It's kind of like when we've stayed up too late one night, and the harder we try to help ourselves go to sleep, the more wide awake we are. You can't will yourself to perspire. And in a similar way, we can't will an erection, or orgasm, or ejaculation. We simply have to allow it to occur . . . to simply trust our unconscious mind, to know what to do, and how to do it. The more we try to help out, the more we interfere.

Metaphoric Suggestions and Word Plays for Facilitating Lubrication

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INDICATIONS

These suggestions may be helpful for those female patients who have problems with sexual arousal and, in particular, in becoming lubricated. Such patients experience dyspareunia secondary to the lack of lubrication. Commas have been placed to suggest brief pauses. [The author is indebted to Dr. Kay Thompson for her model and instruction many years ago in the use of word plays.]

SUGGESTIONS

I know and you know that you have been experiencing some difficulty lubricating. But I

wonder if you have ever thought about the many different kinds of lubrication? What you may not know that you know, is that it's a very common experience to find ourselves around some really delicious food, and to notice that our mouth is involved in lubrication, because it's watering involuntarily. It isn't something we think about. When we're in the right circumstance, whether it's food or whatever, it just happens. And everyone knows that on a hot day, we will spontaneously perspire, whether we expect to or not. It isn't something that we can voluntarily control. It's just an intrinsic, innate part of us. Certain things like lubrication are just part of our natural make-up, the way they flow.

And there are many things that we know and do, without knowing that we know or do them. For instance, one of the things that most of us don't realize, is that during a baby girl's first day of life, without any conscious thought, even without any sexual arousal, her vagina lubricated and became wet, several times in fact. It's just sort of a natural body rhythm, that occurs in all women, each night of their lives. And you haven't realized that each night since you were born, that you've lubricated. It's just a fundamental quality. Although you aren't consciously aware of it, your unconscious knows that last night as you slept, your body responded on its own, and about every 100 minutes your lubricated, and became wet. Do you realize that that is about every hour and a half? You haven't realized that because you haven't had to pay any attention to it, because it just happens, *and you've known how to lubricate all your life.*

And your mouth knows how to water in an appropriate fashion in response to food, and your body knows how to perspire. And there are many reasons why you perspire. Sometimes you perspire when you are warm and overheated, and sometimes you will perspire with embarrassment. And you can lubricate in many situations, even when you don't have the opportunity to do anything about it. Your body has been doing it automatically ever since you were born. We really do know a lot of things we don't know we know. And I know that your body has the know-how, without your needing to know. And you have no notion of how to will your body to do what it already knowingly knows how to do with no effort. And you don't need to consciously know. You've been saying no to a lot of things that you don't need to no, and maybe it's time for you to stop saying no, just so you can let yourself know that you know things that you didn't know you knew.

And I wonder if it will surprise you, as you simply enjoy playfully touching and being touched, to discover that warm wetness. Because you will find that as your husband/partner sensually touches you, and as you enjoy his body, and just concentrate on the pleasure, that your body will respond all by itself. Just like on a warm day when you spontaneously perspire, you will feel the warmth between your legs, and the wetness. And you will know what this lubrication means, what it stands for in terms of your caring, and the playfulness, and the readiness, knowing that you don't need to say no to that knowledge.

Suggestion for Ejaculatory Inhibition or Orgasmic Dysfunction

D. Corydon Hammond, Ph.D.
Salt Lake City, Utah

INDICATIONS

This suggestion is intended to reduce performance anxiety and pressure in patients suffering with orgasmic dysfunction or retarded ejaculation. The suggestion seeks to change the focus to *when* orgasm will occur, instead of *if* it will occur. This suggestion may be given in hypnosis while the patient is also being assigned traditional sex therapy tasks like sensate focus.

SUGGESTION

And you're not really sure when you'll ejaculate (come) with her/him. Do you think you'll ejaculate (come) with her/him by *(three days hence)*? I don't and I don't think you or *(partner's name)* do either. I don't expect that you'll come with her/him after you come to the next session, and you probably don't either. After all, you've had this habit for a while. I think we agree on that. I don't know if you'll ejaculate (reach orgasm) by accident soon after two more sessions, or if you'll come *soon* after three more sessions. I really don't know, and neither do you. Will it be earlier in an evening, or maybe in the morning when you're not so tired, or will it be later in an evening when you're so tired that you're not thinking about it and it just surprises you? I'm not sure; you're not sure; your unconscious mind isn't sure. But we *are* in agreement that it's surely unlikely to happen *for a while*, just as it's sure to happen after a while. So isn't it great that you can just have some fun with each other, and just enjoy some pleasure together.

Suggestion for Erection or Lubrication

D. Corydon Hammond, Ph.D.
Salt Lake City, Utah

INDICATIONS

This is an indirect suggestion that covers all possibilities, intended primarily for use with patients with erectile dysfunction. The suggestion also reframes any erectile difficulty as a message and cue to focus on fun and pleasure, rather than performance. It may also be useful in women with lubrication problems, and alternative phrasing for this (instead of erections) is included.

SUGGESTIONS

I wonder what kind of an erection (how much wetness) you are going to have at first? Maybe there will be hardly any erection (lubrication) at all. More likely, you may (notice some wetness) have an erection that comes and goes, or maybe you'll even be surprised to notice a full hard erection (how very wet you've become). But even if there's hardly an erection, that's all right, because that's a very important message from your body, that it's time to remember to enjoy the pleasure, and to have more fun, trusting all the rest to your unconscious mind.

Suggestions for Impotence and Anorgasmia

Leo Alexander, M.D.

ERECTILE DYSFUNCTION

[Some patients are so overly worried about their partner's pleasure that their worry impairs performance. Such individuals must receive permission to be *temporarily* selfish and to become absorbed in their own pleasure. The following suggestion seems particularly designed for such a patient. (*Ed.*)] "Sex will be enjoyment, not a performance—pure enjoyment! No thought of performance at all! Please her out of the bedroom, but in bed enjoy yourself!"

"Performance applies to study and work, but to nothing else. . . . In sex, enjoyment is primary. . . . This will become easier for you, every day, every week, every month, every year; you will achieve enjoyable, automatic mastery. . . . You will countermand all negative ideas about performance. . . . Just enjoy her—don't perform. Touch, kiss, and if anything happens, let it happen."

ORGASMIC DYSFUNCTION

[Once again, the following suggestion must be very selectively used with the woman who has focused primarily on giving pleasure, rather than learning to receive pleasure. She must learn to play at sex rather than working at it. (*Ed.*)] "First of all, you must please yourself. Please your man in any other way. Make him the most sumptuous breakfasts, the most fabulous dinners, shine his shoes, take his socks off, do whatever you want. But in bed, please only yourself . . . Sex should be pure enjoyment, without any thought!"

Suggestions for Induced Erotic Dreams

D. Corydon Hammond, Ph.D.
Salt Lake City, Utah

INDICATIONS

These suggestions were formulated for patients with inhibited sexual desire or sexual aversion. When such patients report that they experience nocturnal dreams, and especially when their value systems discourage or prohibit the reading or viewing of erotic material, these suggestions may be of value.

SUGGESTIONS

You already know how to experience stimulating dreams. And it's perfectly natural, following the kind of work we're doing, to have some pleasurable dreams. And the dreams of the night are a perfect occasion, to sort through understandings, and rehearse, preparing us for new experiences. And your unconscious mind has the ability to continue, independently, to work on increasing your sexual desire toward *(partner)*, through the dreams of the night.

I don't know what you'll dream about, and you don't either. Dreams are often so creatively surprising in their content. It may be that the dream will be like a romantic love scene, from a novel. For instance, you might have a dream where you are with your partner, and he's/she's saying very tender things to you, and very romantically seducing you. Perhaps the dream will involve people you know, or maybe some interesting people you've been close to in the past. [Pause] I'm not really sure whether you'll feel as if it's happening to you, and be completely involved, or if it will seem more as if you are intimately observing the very erotic scenes.

But what I do know is that it's not unusual, for people I work with to have very exciting, very erotic dreams. It's a very common experience, because every night we just inevitably dream, sometimes unknowingly, several dreams. And this is just a very natural process, that our unconscious mind uses, to work things through. It's been going on all our lives, will continue all our lives. It's just innate in you and in me.

And because your goal is to increase your sexual desire, in all probability, you will have an interesting experience tonight, while you're sleeping. I'm not absolutely sure about the particular night. I suspect it will be tonight, when you have the first erotic dream which you'll remember, but perhaps your unconscious mind will be inclined to wait until tomorrow night, or even the next night. I'd be somewhat surprised if your unconscious waited until *(e.g., Friday)* night to let you remember an erotic dream, but I'm not really sure. I expect that it will very likely be tonight or tomorrow night, that you have a very sexually stimulating dream, which is remembered. And perhaps you may have some doubts about it, until you awaken one morning. And at first, I don't know if you'll fully remember the relevant dream, or if you will just sense and know that something is different, even though you don't know quite what it is that you know.

And of course we're not responsible, for what occurs in dreams. The wonderful thing is, that your unconscious mind not only helps you, but it also protects you. Many times in the past,

your unconscious has allowed you to forget parts of dreams after awakening. So even though you are not consciously responsible for the content of your dreams, *if part* of a dream would make you *too* uncomfortable or embarrassed, you may just find it difficult to remember everything after awakening. You've had that experience many times. And that will be all right, because those dreams will have already served their purpose, of stirring sexual feelings and desires and releasing hormones. And those desires will be carried with you into your day, where they will appropriately influence your thoughts and behavior. And even though you won't remember *all* your erotic and sexy dreams, in the mornings, you can still sense and know that something is different, even if you can't quite put your finger on precisely what it is.

And you don't even have to believe that you're going to have erotic dreams. One of the most interesting things about this is, that you don't even have to believe it's going to happen. In fact, it may even be fun for you to doubt that you're going to have such a dream, because if you didn't have a doubt, you wouldn't be able to be amused or surprised. And so you may even doubt it as you're driving home, and doubt it as you're going to sleep, right up until the moment you awaken one morning, with a realization. And most likely, you'll have your first erotic dream which you remember, tonight. I can't really be sure though. It may be _____ night or _____ night, although I think it's going to be tonight that you have a very erotic, exciting, stimulating dream which you remember.

But your unconscious mind can determine whether you recall the dream or not, or only part of it. But whether you consciously remember or not, is irrelevant, because your unconscious mind will enjoy it, and the next morning you will carry those warm desires and sexual interests into your day, and will realize, that something is different. And I don't think you'll want to have those romantic, stimulating dreams *every* night, but your unconscious mind will thoroughly enjoy scheduling some irresistibly tantalizing dreams, fairly often.

Suggestions with Sexual Dysfunctions

Don E. Gibbons, Ph.D.

INTRODUCTION

Gibbons (1979) uses the crystal gazing technique, one that was often used by Erickson, to enable a patient to visualize the successful resolution to a problem in the future. It will undoubtedly have the most impact on patients capable of amnesia. As an alternative to a crystal ball, the patient may be asked to visualize a stage in a theater, a movie screen, or a television screen. This technique is most likely to have applicability with dysfunctions where performance anxiety is involved, such as erectile dysfunction, ejaculatory inhibition, orgasmic dysfunction, or perhaps premature ejaculation. Ideomotor signals may be obtained from the patient to track their progress and experience of scenes. (*Ed.*)

THE CRYSTAL GAZING TECHNIQUE

Now I would like you to imagine yourself seated comfortably in front of a large crystal ball, gazing into its depths. Continue to visualize the crystal ball and to focus on it, and soon you will begin to see the images appear within. You will be able to describe everything you see, just as it occurs; and I will be able to guide and direct the images as they appear, or to suggest new images from time to time. Now you can picture the crystal ball very clearly in your mind, and as soon as you are ready, you can begin to describe the images as they appear. [Pause]

Now, as you continue to watch the crystal ball, you are gradually going to be able to see an image appear within it of yourself at some time in the near future, making love extremely well. I will not ask you to describe the scene; but as you continue to gaze into the crystal ball, you can see that both you and your partner are going to be fully and completely satisfied. And now, as this is occurring, the scene is beginning

to fade, and the crystal ball is fading away too. And even though you will not be able to recall the memory of the crystal ball when the trance is over, you will still be aware that you are irresistibly headed for certain success; and that your future sexual experiences will be just as pleasurable, and just as enjoyable, as you have already seen that they will be in the crystal ball.

[Amnesia for the specific details of the experience is suggested so that factual discrepancies between the details of the visualized scene and the actual experience, when it does take place, will not negate the validity of the positive expectations engendered by this procedure.]

SUGGESTIONS WITH ERECTILE DYSFUNCTION AND PREMATURE EJACULATION

Please extend the index finger of your right [or left] hand straight out in the air in front of you. That's fine. Now, as I continue to speak, you will soon notice that your index finger is becoming very stiff and very rigid. And as it does, you will also find that you are completely losing all feeling in it. Soon your index finger will be just as stiff and just as numb as a bar of iron. It's becoming just as rigid and just as numb as an iron bar now. Your index finger is just as rigid as a bar of iron, and just as insensitive.

Now please clench your jaw firmly, three times in a row. And as you do, you notice that feeling is returning to your finger, even though it continues to be stiff and rigid. The feeling is returning completely now; and even though your finger remains as rigid as before, the feeling in it is entirely normal once again.

And now, in order to make the stiffness go away, all you have to do is to decide that you are ready for it to do so. And notice as you do that your finger has become completely flexible once again. Just bend it a couple of times to assure yourself of this fact, and then go ahead and put it down.

From now on, each time you are ready to have intercourse, you will find that at the proper time your penis has become just as stiff and just as rigid as your index finger was a moment ago. And it will also be just as numb, as stiff and as numb as a bar of iron.

You will be able to maintain your erection and prolong intercourse for as long as necessary to fully satisfy your partner. And when you are ready for normal feeling to return, you will only need to clench your jaw firmly three quick times in a row for this to happen. But even after your sensitivity does come back, you will still be able to maintain your erection as long as necessary so as to achieve your own orgasm.

[Additional sessions may be necessary until the subject has achieved the necessary control. When this has been accomplished, subsequent suggestions should emphasize retaining progressively more feeling in the penis until the subject has clenched his jaw three times, allowing more and more restraint to be developed, until finally such suggestions are no longer necessary.]

SUGGESTIONS WITH DISCREPANT OR INHIBITED SEXUAL DESIRE

Sometime during the next few nights, when you are asleep in bed with your partner, you are going to have a pleasant dream which you will find sexually very stimulating. The dream will be formed out of images and sensations which you find especially pleasant and arousing at the time, and you will be so excited by them that you will awaken even before the dream is completely over, fully aroused and ready to make love.

The arousing effects of the dream will persist for some time after you wake up. They will add new dimensions of richness and pleasure to your lovemaking, and they will enable you and your partner to discover new avenues of pleasure, and new channels of communication, which will deepen your relationship considerably.

You will be particularly pleased to find that your orgasm will be unusually profound and satisfying, and it will seem to last much longer than it usually does.

And you will continue to have dreams of this sort at appropriate intervals in the future,

which will continue to enrich and deepen your relationship in just the same manner.

Suggestions for Premature Ejaculation

Milton H. Erickson, M.D.

INTRODUCTION, INDICATIONS AND CONTRAINDICATIONS

Premature ejaculation is the most easily treated male sexual dysfunction, with success rates generally in the range of 90%–95% (Stuart & Hammond, 1980) using traditional, behavioral sex therapy techniques. Due to the high effectiveness of the squeeze and stop-start techniques, hypnosis is certainly not the first treatment of choice for premature ejaculation problems. When more validated methods have failed, however, or when the patient does not have a cooperative partner to do behavioral assignments, then hypnosis is extremely helpful. In addition to suggestive hypnosis, uncovering methods such as ideomotor signaling may be used to explore underlying functions or resistances. Physical metaphors, such as creating a glove anesthesia and then suggesting a similar control of sensations in the penis, may likewise be effective. The rather elaborate and complex procedure below was successfully used in a suggestive hypnosis format by Erickson with a compulsive, single patient with premature ejaculation. This method seems primarily indicated when more parsimonious procedures have failed to produce satisfactory results in patients capable of deeper trances and experiencing amnesia. (*Ed.*)

THERAPEUTIC PROCEDURE

Therapy was begun by inducing a light trance in the patient and impressing upon him, most tediously, that the "light trance" was a most important measure. Its purpose, he was told repetitiously, was to insure that he had both a conscious and an unconscious understanding of the fact that a deep hypnotic trance would settle once and for all time whether or not he could ever succeed in sex relations. Two hours of repetition of these general ideas resulted in a deep trance, but no effort was made to give him an awareness of this fact. An amnesia, spontaneous or one indirectly suggested, was desired for therapeutic purposes.

Then, as a posthypnotic suggestion, he was told that he must, absolutely must, get a wristwatch. If at all possible, this wristwatch should have an illuminated dial and illuminated hands. Absolutely imperative was the fact that the watch should have a second hand. The second hand, it was stressed over and over, would be absolutely necessary.

The second posthypnotic suggestion was given that he must and could, and would, thenceforth sleep with a night light at his bedside so that he could tell time to the very second at any time during the night, since he must, absolutely must, and would wear his wristwatch whenever he should happen to be in bed.

Solemn promises in relation to these demands were secured from the patient with no effort on his part to question the author's reasons for his various insistences.

It was then explained to him that he would continue his "useless inviting of girls to spend the night" with him. To this he also agreed, whereupon it was emphasized that only in this way could be find out what he "really, really, really would want to learn."

The next posthypnotic suggestion was presented most carefully, in a gentle yet emphatic tone of voice, commanding, without seeming to command, the patient's full attention and his full willingness to be obedient to it. This suggestion was a purportedly soundly based medical explanation of the expectable development, on an organic physiological basis, of his "total problem." This was the fact that his premature ejaculation, by virtue of body changes from aging processes, would be diametrically changed. The explanation was the following posthypnotic suggestion:

Do you know, can you possibly realize, can you genuinely understand, that medically all things, everything, even the worst of symptoms and conditions, must absolutely come to an end. *But not, but not, I must emphasize, not in the way a layman would understand?* Do you realize, do you understand, are you in any way aware, that your premature ejaculation *will end in a failure*, that no matter how long your erection lasts, no matter how long and actively you engage in coitus, you will fail to have an ejaculation for 10, for 10 long, for 15 long minutes, for 20, for 25 minutes? Even more? Do you realize how desperately you will strive and strive, how desperately you will watch the minute hand and the second hand of your wristwatch, wondering, just wondering if you will fail, fail, fail to have an ejaculation at 25 minutes, at 25½, at 26, at 26½ minutes? Or will it be at 27½, at 27½ minutes—at 27½, at 27½ minutes? [This last said in tones expressive of deep relief.]

And the next morning you still will not believe, just can't believe, that you won't fail to have an ejaculation, and so you will have to discover again, to discover again, if you really can have an ejaculation, but it won't be, it can't be, at 27½ minutes, nor even at 28, nor even at 29 minutes. Just the desperate hope will be in your mind that maybe, just maybe, maybe at 33 minutes, or 34, or 35 minutes the ejaculation will come. And at the time, all the time, you will watch desperately the wristwatch and strive so hard lest you fail, fail again, to ejaculate at 27 minutes, and then 33, 34, 35 minutes will seem never, just never, to be coming with an ejaculation.

And now, this is what I want you to do. Find one of the girls you are used to. Walk her to your apartment. When you come to the corner at 8th, even as you turn right [all of this was said with the utmost of intensity] try so very hard to keep your mind on the conversations, but notice that you can't help counting one by one the cracks in the sidewalk until you turn into the courtway and step upon the boardwalk. With complete intensity you are to try hard, very hard to keep your mind on the conversation, but keep counting desperately the cracks, the cracks between the boards, the cracks under you [to the unsophisticated, slang often gives opportunities for double meanings], all those cracks all along the way to your apartment until it seems that you will never, never, never get there, and what a profound relief it will be to enter, to feel comfortable, to be at ease, to give your attention to the girl, and then, and then, to bed, but not the usual—but the answer, the real, real, real answer, and from the moment you enter [pause] the apartment [pause] your mind will be on your wristwatch, the watch that, as time goes by, can, at long last, bring you the answer.

Quickly now, keep all that I have said in your unconscious mind—locked up, not a syllable, not a word, not a meaning forgotten—to be kept there, used, obeyed fully, completely. You can even forget me—just obey fully—then you can remember just me and come back and tell me that the wristwatch was right when it read 27½ minutes and when it read 33, 34, and 35.

Arouse now, completely rested and refreshed, understanding in your unconscious mind the completeness of the task to be done."

HYPNOTIC SUGGESTIONS FOR INTERPERSONAL RELATIONSHIPS

Hypnotic Ego-Assertive Retraining

David Waxman, L.R.C.P., M.R.C.S.
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INTRODUCTION AND INDICATIONS

Ego-strengthening techniques are designed to enhance self-esteem and self-image. However, there are times when it is vitally important to correct a deficit in interpersonal skills through modeling and either rehearsal or covert, mental rehearsal (Bandura, 1969). Waxman's (1989) ego-assertiveness training provides modeling and mental rehearsal to promote feelings of self-efficacy and assertiveness in specific contexts. This method seems particularly indicated for patients who lack confidence and who are passive, unassertive, and threatened in specific interpersonal situations. (*Ed.*)

A TYPICAL EGO-ASSERTIVE ROUTINE

The patient is put in hypnosis and the trance state is deepened.

Proceed as follows:

You are completely calm and in a deeply relaxed state. I want you to see yourself at work and attending your weekly departmental meeting. You are sitting in the manager's office. The others are seated rather informally about the room. See that situation and confirm that you are there with the usual signal.

The patient raises his right index finger. Now ask the patient where he is sitting.

Patient: "On the chair by the door."

Therapist: "Are there any empty seats?"

Patient: "Yes, the armchair by the desk."

Therapist: "You are feeling totally calm and relaxed. Go and sit in the armchair . . . tell me when you are sitting in the armchair and feeling totally calm and relaxed."

After a few moments the patient will give the ideomotor signal.

Therapist: "You will remain totally calm and relaxed . . . and now the manager is opening the meeting . . ."

Therapist as manager (very assertively): "Good morning gentleman. We will have department reports first of all."

Therapist: "He's looking at you."

Therapist as manager: "What have you got to tell us?"

Therapist: "You feel completely calm and relaxed and full of confidence. Completely at ease and comfortable in yourself. Speak up now. Answer him . . ."

Patient: "Well sir, I think . . ."

Therapist: "Forget about sir—speak up—you don't think—you know—speak out!"

Patient: "We have two problems, I'm sorry to say."

Therapist: "Forget about being sorry, you have no reason to apologize! It's your department—you are in charge of it and you are in charge of yourself!"

Patient: "We have some problems regarding staff. Two of our typists are off sick and one is on holiday."

Therapist: "Stop apologizing—it's not your fault. Speak up."

Patient: "Personnel say that all replacements are on attachment elsewhere."

Therapist as manager (even more aggressively): "Then what are you going to do about it?"

Therapist: "Speak up and speak out (remain quite calm and relaxed)—It's your department. You are in charge of the department, of the situation and of yourself, now speak!"

Patient: "I'll get on to them and tell them that we must have immediate replacements."

Continue in this way simulating the manager speaking very aggressively and showing the patient that he can reply assertively but politely and remaining calm and in control throughout the interview.

A wide range of situations may be dealt with in this manner working through various aspects of the patient's life events.

It must be understood that assertive retraining involves dealing not only with the emotions of anxiety invoked by the pressure of some person or persons whom the patient may consider threatening in the authoritarian sense. It may also include the difficulties which many people experience with their peers or in achieving friendship, affection and love. The person may feel such a social misfit that even life itself may become unacceptable. He or she may act out and even indulge in antisocial behavior.

"Fruits & Vegetables": A Simple Metaphor for Understanding People Better

Gerald J. Mozdzierz, Ph.D.
Hines, Illinois

This is a simple metaphor for people who may be discouraged because they have been disappointed by a significant other person. The disappointment may have been experienced as a result of having exaggerated expectations or as a result of simply not knowing the

obvious, namely, that people have their idiosyncrasies and limitations. The clinician can simply call this the "fruit and vegetable theory of people."

Once a client has expressed disappointment in someone and difficulty in understanding the behavior, feelings, or attitudes of the other person, the therapist may point out that the person in question is very much like a strawberry (or some other fruit, vegetable, or other living plant). As such, no matter what we may want that person to look like, taste like, be like, or act like, that person is a strawberry and will always be a strawberry. Yes, we may want that person to be more like a combination of peach, plum, raspberry and several other good things, but, in essence, some people are strawberries and we have to learn to accept them as such. When we do accept them as such, we become less disappointed that a strawberry looks like, tastes like, and acts like a strawberry. But then something else happens!

At this point in time, we become a little more able to enjoy the other person's essence of "strawberriness" and all the things that strawberries can be! Strawberry pie, strawberry shortcake, strawberry ice cream, strawberry soda, etc. In describing the fruit or vegetable, the clinician can be as simple or as elaborate and elegant as is called for by the client and the situation.

This simple metaphor is meant to suggest that other people can act like desirable and more undesirable fruits and vegetables as well. At times, the client will volunteer that the person with whom he has been having trouble is exactly like a horseradish root. Not much you can say about that, is there? Nevertheless, that troublesome person must be accepted for what he or she is, a horseradish root.

The metaphor is designed to help clients put other people into perspective. The focus of the metaphor may also be gently shifted so that the client begins to wonder what type of fruit or vegetable he or she is, whether he has been accepting himself for what he is, etc. Finally, the metaphor obviously includes a dimension of humor that helps others to see things with a twinkle.

Suggestions to Increase Interpersonal Effectiveness

Don E. Gibbons, Ph.D.

INDICATIONS

Dr. Gibbons designed these suggestions for improving social skills, enhancing assertiveness, and improving interpersonal relationships. They seem particularly indicated for egocentric patients who talk excessively about themselves. (*Ed.*)

SUGGESTIONS

This experience will provide you with a great deal more confidence in yourself, which will be reflected in the greater ease and skill with which you will be able to deal with others. You will be a great deal less aware of yourself, and a great deal more attentive to those around you. You will be much more interested in what other people have to say, and much more able to lose yourself in the topic of conversation.

As you come to derive more and more enjoyment out of talking to others, you will find yourself constantly alert for qualities, attributes, and achievements which are justly deserving of praise, and you will be able and willing to unstintingly provide it. At the same time, you will be able to exercise a great deal of restraint over any anger or impatience you may have over the shortcomings of other people. And if you should happen to feel that another person is unfairly taking advantage of you in some way, you will be able to phrase your objections kindly and tactfully, in a manner which will enable you to speak up for your own rights without becoming unduly emotional, and without the other party unnecessarily taking offense. As your confidence and skills improve, you will become vastly more sensitive to the emotional needs of those around you, and you will be able to find new sources of wisdom and understanding which will help you to meet those needs. There will be many people who will be able to look upon you as a friend to

whom they can turn for comfort, for reassurance, and for advice, and there will be many whom you will be able to look upon as a friend in return. Your own life will consequently take on a great deal more meaning, and you will be able to enrich the lives of those around you considerably.

Suggestions for Difficulties in Interpersonal Situations

Kermit E. Parker, Jr., Ph.D.
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[Following hypnotic induction and deepening:] You know from past experience that as you achieve this level of comfort and relaxation, you can become physically more comfortable, and you're able to become mentally more comfortable as well. And in this process, your unconscious mind allows you the opportunity to grow, and to develop new attitudes and new feelings, and new ways of feeling about yourself and your circumstances.

In this state you can become more receptive, more creative, more aware of the abilities that you have within yourself. This hypnotic state allows you to gain confidence in yourself, to be in touch with that part of you that's confident and comfortable, and knows how you want to feel and behave. Within yourself, that quiet part of you that we sometimes call the unconscious, or that still, small voice, or that intuition within yourself, that knows you are an outgoing and warm and friendly person. These characteristics are abilities which you have, and your intuition can tell you that you can freely allow yourself to express those characteristics when it is appropriate, when it is called for.

CULTIVATING THE ABILITY TO LISTEN

And in being quietly confident, you find yourself being calm inside with the necessary amount of activation of your physiology and your mind, to be outgoing and warm, and friendly and talkative, without excessive activation, without excessive energy, without nervous talking or laughter. And this is because you're aware that others need the opportunity to share with you about themselves, and your ability to listen, and your ability to give them that opportunity, creates a warm feeling for yourself . . .possibly a feeling of curiosity about them, that allows you to listen while they're talking, without interrupting, because what they're saying is interesting or important for them.

The Symbolic Imagery Letter Writing Technique

Mark S. Carich, Ph.D.
Centralia, Illinois

INDICATIONS AND CONTRAINDICATIONS

This is a cognitive behaviorally oriented hypnotic technique wherein the client writes an imaginary letter. The client is instructed, while in a hypnotic state, to imagine writing a letter pertaining to a specific topic. Expressing emotions through writing letters is a powerful technique that has been demonstrated not only to provide cathartic relief, but also to result in enhanced functioning of the immune system on both short- and long-term follow-ups of individuals writing about their feelings about traumas in their lives (Pennebaker & Beall, 1986; Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Pennebaker & O'Heeron, 1984). Carich finds this technique valuable in working through resentments and anger, facilitating forgiveness of oneself or others, reducing guilt, letting go of and bringing a sense of closure over past relationships, fostering acceptance of a situation, and altering beliefs or perceptions about a problem. If it is to be done through self-hypnosis in an uncontrolled setting, this method seems contraindicated or should be used cautiously with suicidal, severely disturbed or unstable patients. (*Ed.*)

THE TECHNIQUE

Although this method may be used in nonhypnotic therapy [as Pennebaker has], it may also be used following hypnotic induction and deepening. The hypnotized client is instructed to imagine writing a letter to a specific person or about a specific topic. Naturally, the content and topic of the letter depend on the nature of the problem. For example, a grieving patient who has been angry and blaming God for years for the death of a loved one may be asked to write a letter about her feelings. The goal may be to vent and defuse the anger and come to an acceptance of the situation. The client may imagine writing the letter, verbalizing what is being mentally written as it's written. A deeper trance subject may actually write the letter in trance through the technique of automatic writing. Before the client is assigned the task of "writing" the letter, the therapist may "seed" ideas about emotionally letting go of the loved one, accepting the loss, obtaining a relief of her burden, letting go of anger and the past, and forgiving God and the deceased person.

While the client verbalizes the "letter," the therapist may offer suggestions to encourage cathartic relief and the letting go of outdated emotions and to reframe the situation. For example, some of the following types of suggestions may be given as the client "writes" the letter: "And as you express those feelings, allow yourself to accept his/her death." "As you write, notice the past is the past and does not have to bother you. You can let go of that pain." Rational-emotive suggestions may also be given to correct cognitive distortions.

ILLUSTRATIVE SCRIPT FOR SAYING GOODBYE

[Addressing the hypnotized subject:] What I would like you to do is to write a goodbye letter in your mind. Allow yourself to visualize and see a pad of paper. Do you see the paper? [Wait for confirmation.] Now visualize a pen. [Obtain confirmation. If there is resistance, use exploratory methods to uncover the purpose of the block.] Good! Now imagine writing the goodbye letter, and as you begin to write, just say everything that you're writing out loud. And as you write, you'll begin to notice that heavy burden being lifted. [Suggestions for encouraging cathartic release of feelings and therapeutic, reframing suggestions may then be given.]

The Jazz Band Metaphor for Family Interaction

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Let us now consider the functioning of a jazz band. . . . Jazz, an improvised music, depends for its quality and success on the constructive and creative interplay of different musicians, playing a variety of instruments. A jazz band has its different parts; there is usually at least a "rhythm section" and a "front line." These have distinct functions. The rhythm section lays down the beat of the music. The front line instruments are responsible for the melodic lines and their interplay. The front line may be further divided into different instruments or groups of instruments, for example brass instruments and reed instruments; the players of each must know what they are supposed to be doing, and how what they are doing is distinct from but at the same time fits in with what the other musicians are doing. The collective effort of the band as a whole also needs direction.

As you watch a jazz band playing you will see that the leader is continually giving instructions to the members of the band, setting the tempo for each tune; indicating when the musicians should take solos, and how long each should be; defining "riffs," which are repetitive musical patterns that the other musicians may play behind a soloist or at some other point during the performance of a piece; and of course letting the members of the band know when each tune should come to an end. Such instructions are often given quite unobtrusively, perhaps by a nod of the head, some other non-

verbal cue or the use of a musical phrase or emphasis with which the musicians are familiar.

Sometimes the musicians have played together for so long that instructions are no longer needed. They know how their leader likes a certain tune played, who should take solos when, and so forth. Nevertheless, the leader's decisions and authority are still in operation, even though the band is functioning so well and is so experienced and well-rehearsed that few or no instructions need be given while they are playing. Some bands have dual leadership; this can work well, but it carries with it the risk of friction between the leaders.

COMMENTARY

Few, if any, therapeutic metaphors perfectly represent the clinical situations for which they are constructed, but there is a considerable resemblance between some aspects of the subsystems of a family and those of a jazz band. The metaphor of the functioning of a symphony orchestra could of course be used, as could many other forms of organization. A symphony orchestra has the same need for the smooth interaction of its different sections, and also the same need for leadership. But it probably provides a less exact metaphor for a family than a jazz band does; for one thing it plays predetermined, composed pieces, rather than creating its own musical structure as it goes along. Few families are as ordered and predictable as a symphony orchestra.

Playing in a jazz band is predictable only up to a point; things are changing all the time, as the individual musicians, operating within the overall framework of the group, define their own melody lines and create their own mini-compositions while they play. Also, when the members of a band stay together over a period of years, they develop new skills, learn new musical tricks and techniques, and extend their repertoire. In the same way the behaviors, as well as the emotional and physical states, of the members of a family are, typically, changing all the time. Thus constant adjustments must be made by each individual in the family, rather as jazz musicians adjust their playing according to what the other members of the group are doing. The families we see are all faced with the task of making progress through developmental stages. . . . In the same way, jazz bands develop over the years; an excellent example is that of the Duke Ellington Orchestra. This was a small group, playing relatively simple pieces when it was formed in the mid-1920s. It developed impressively between that time and 1974, when Ellington died. The changes in Ellington's orchestra and music were sometimes gradual, sometimes quite rapid. The organization had its ups and downs, sometimes losing key musicians, but gaining new recruits too, people who enriched the orchestra with their talents. It also had to cope with the loss to the armed forces of several of its members during the war. This process of development, and the vicissitudes encountered along the way, bear many similarities to a family's long-term development. A well-functioning family may be likened to a well-practiced band, whose musicians have played together for a long time, communicate well with each other, respect each others' roles and professional skills, understand the different functions of the members of the group, and have common objectives. Few, if any, instructions need be given to the musicians while such a band is playing. On the other hand, in a poorly functioning band there may be struggles for power, disagreements about the tempos at which tunes should be played, uncertainty about who has the final decision about what should be done when members disagree, competing desires to share the limelight, and a general lack of order and organization. When such problems exist the collective effort of the band suffers.

Golden Retriever Metaphor

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INDICATIONS

This is a brief metaphor with a paradoxical message for selective use with a spouse (or

premarital individual) who tends to pursue an uncommitted partner excessively, almost begging him/her for love.

THE METAPHOR

I don't know if you have ever trained or watched the training of a golden retriever. If you throw something out for the dog to retrieve, sometimes it will run out to fetch it, but then refuse to bring it back to you. You can coax and call it, but it refuses to come to you. If, out of frustration, you finally start to go after it, it will run away. But if you *accept* its behavior, and start to walk away, it will often decide to come to you. And sometimes relationships with people operate that way too.

The Pygmalion Metaphor

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INDICATIONS

This metaphor may be useful in working with an individual who is perfectionistic, has exceptionally high expectations of his marital partner or fiance, and tends to be intolerant of differences rather than respecting them.

SUGGESTIONS

According to mythology, there was once a very accomplished sculptor who lived on the island of Cyprus. His name was Pygmalion. Pygmalion was a man with such specific and definite *expectations* that he *couldn't be satisfied.* He simply could not find a woman to equal his concept of beauty. So he found some very beautiful, pure white marble, and in his studio he sculpted *the image in his mind.* He created in stone his conception of a beautiful, perfect woman. He continued to search and look everywhere for this perfect woman to match his sculpture. But he was *so critical* that *he found something wrong with every woman* he saw. No one could match the statue's beauty. He was so in love with this *perfect image* from his mind that he finally prayed to the goddess Aphrodite, pleading with her to help him find a woman who would equal and be as lovely as his sculpture. But, being a wise goddess, Aphrodite knew that *Pygmalion's expectations were too high* and uncompromising. She knew that *no woman could ever live up to all his expectations.* So it is said that Aphrodite breathed life into the statue, and Pygmalion named her Galatea, and married his own creation.

And I wonder if many of our problems in relationships are not caused by being like Pygmalion—wanting our partners to be perfect clones of ourselves and our expectations, rather than *accepting and respecting differences.*

HYPNOSIS WITH OBESITY AND EATING DISORDERS

INTRODUCTION

Weight Control

OBESITY APPEARS TO result from an addiction that is as difficult to treat successfully as drug dependency and smoking—and probably much more so. Stunkard and McLaren-Hume (1959), for instance, discovered that only 5% of obese patients lose weight without relapsing, and Brownell (1982) pointed out that the cure rate for many forms of cancer is greater than the success rate with obesity.

There are numerous case studies and reports of outcomes with a clinical series of patients (e.g., Crasilneck & Hall, 1985; Stanton, 1975; Aja, 1977) who were treated through hypnosis for problems with obesity. There are very few studies (Wadden & Flaxman, 1981) that have compared hypnotic with nonhypnotic treatments, but these have generally found no difference between hypnotic and nonhypnotic treatment (Wadden & Anderton, 1982). Unfortunately, the hypnotic approaches used in these studies were unsophisticated and relied simply on suggestive hypnosis. We must await further research to determine if hypnosis truly has something to offer beyond behavioral, low-calorie diet, and multidimensional treatment approaches and, if so, to what types of patients.

It is my clinical belief and experience that, although this is one of our greatest treatment challenges, hypnosis is of clear value with some obesity patients. Since this is an addictive disorder, you will undoubtedly find it helpful to consult some of the suggestions that are used with smoking in Chapter 13. The suggestions that are presented in this chapter offer the finest ideas available for suggestive hypnotic work with weight control. You should keep in mind, however, that success in many cases may require that you use hypnotic strategies for unconscious exploration and for internal

conflict resolution in connection with (or prior to) suggestive hypnotherapy. A simplistic approach to a complex addictive problem, whether in hypnosis or psychotherapy, will seldom be effective.

Anorexia and Bulimia

Studies of hypnotizability (Pettinati, Horne, & Staats, 1985) have now documented that patients with bulimia possess higher hypnotic capacity than other patients. The greater dissociative capacity may enable these patients, in fact, to more easily induce vomiting. On the other hand, there is tentative evidence (Pettinati et al., 1985) that patients with anorexia nervosa may be less hypnotically responsive than other patients. Naturally these studies reflect averages; we should not conclude that all patients with bulimia will be responsive to hypnosis or that anorexics cannot be helped with hypnosis. There are, in fact, case reports of successful outcomes from treating anorexic patients through hypnosis (Thakur, 1984).

The last section of this chapter will provide some illustrative suggestions for altering body image and perception, as well as for treating eating disorders through suggestive hypnosis.

HYPNOSIS WITH OBESITY

Examples of Suggestions for Weight Reduction

Sheryl C. Wilson, Ph.D., and
Theodore X. Barber, Ph.D.
Framingham, Massachusetts, and
Ashland, Massachusetts

INTRODUCTION

The following suggestions are illustrative of suggestions that we have used as one part of a broad based program for the treatment of overweight. The suggestions are presented to the client in the office and are simultaneously tape recorded. The client is then given the cassette tape and is asked to listen to the tape daily. These illustrative suggestions, which are presented below in a generalized form, are tailored specifically for each client. These illustrative suggestions are derived from (a) an application of our theoretical framework (see Barber, Spanos, & Chaves, 1974) to the treatment of eating disorders, (b) the many writings pertaining to obesity in the literature of behavior modification, and (c) the suggestions used in the treatment of overweight developed by many clinicians, especially by William S. Kroger (see Kroger & Fezler, 1976), Herbert Mann (1973), and Harold B. Crasilneck and James A. Hall (1985).

The suggestions below are typically given after relaxation suggestions and positive suggestions for well-being. The positive suggestions typically conclude as follows.

POSITIVE SUGGESTIONS FOR WELL-BEING

Day by day, you will have increased feelings of confidence, self-assurance as you realize that you can and will reach your desired weight. You can and will become a new, slender, more attractive, more energetic, more vivacious you . . . the real you.

CHANGING SELF-DEFINITION

In the past you have come to think of yourself as heavy, overweight, and unattractive. It is

important that you now change the way that you think of yourself—this is as important as changing your eating habits. Picture yourself weighing _____ pounds [patient's ideal weight], standing in front of a full-length mirror, having just come out of the shower. Imagine that you are standing in front of a full-length mirror. See your reflection in the mirror, slender, streamlined, and attractive. When you see yourself slender and shapely standing in front of the mirror, raise your right index finger. [Pause and wait for the patient to raise the index finger.] Now, let yourself feel how very light you feel without all that unnecessary weight. Tell yourself that you can and will look and feel like this because this is the real you, which has been hidden and imprisoned by excess weight and which *you* are *now determined* to set free.

EATING AS AN ART

Eating can be an art. You can learn and use some special techniques for eating as a gourmet. When you use these techniques, you will enjoy food more and obtain pleasures in eating that are greater than you ever imagined possible.

This is how you can enjoy food infinitely more than you ever have enjoyed it in the past. Eat only at mealtimes, and when you eat, focus all your attention on your food. Do not watch TV or read, and unless absolutely necessary, do not engage in conversation. Before you begin eating, spend a few moments observing your food. Notice the colors and textures. Inhale deeply and enjoy the aromas. When you are ready to begin eating, take only small bits of food, place only small portions on your fork or spoon, or take very small bites of those foods that you hold in your hand, such as sandwiches. Focus your complete attention on the food you are eating. Don't let your thoughts wander. Become aware of all the taste buds on your tongue and how they are stimulated by each tiny bit of food. Chew your food many times, and move your food around in your mouth slowly with your tongue before finally swallowing it. By doing this you will satisfy all the taste buds on your tongue and obtain greater pleasure from your food, enjoying each mouthful maximumly.

Each time that you swallow, focus your attention on all of the feelings and sensations in your stomach. As you continue eating, let yourself become aware of an ever increasing feeling of fullness in your stomach, so that when you have finished your meal, you will feel comfortably full, and completely satisfied until your next meal.

As you are focusing on all the subtle tastes in each bite that you take, and on the feeling of fullness in your stomach each time that you swallow, tell yourself that time is slowing down and there's lots of time. Each second is stretching out . . . far, far out. Notice how as you eat, there's so much time between each bite you take. And as you chew your food, slowly, notice how you feel as if every second is a minute and there's so much time . . . as if everything is in slow motion. When at last you've finished your meal . . . you will feel comfortably full and satisfied . . . as if you have been eating for hours.

So, instead of giving up food, or trying not to think about food, you can become a gourmet by learning to enjoy food to the utmost. You can do this first by becoming aware of the colors, textures, and aromas of your food, and then by taking only small bits of your food into your mouth and totally focusing on your food and all the subtle flavors as you chew your food slowly and move it slowly about your mouth with your tongue, as if in slow motion.

IMPORTANCE OF HUNGER

In addition to totally focusing on your food and eating as a gourmet, there is yet another aspect which is an integral part of the enjoyment of food, and this important aspect is *hunger*. You simply cannot totally enjoy food if you are not *really hungry* when you begin to eat. If you are not really hungry, when you begin to eat, your hunger will be satisfied with the first few bites of food. After that, you will not be able to truly enjoy eating your meal.

Hunger is nature's signal to tell us that we should begin searching for food. Years ago, this signal was very effective. People would feel hungry and by the time they found food and prepared it, they were *really hungry* and consequently they could really enjoy their food without gaining weight. But today, with our modern convenience foods, we can eat as soon as we feel hungry, and so we become overweight. We have learned from our culture that hunger is a bad thing, that one should not be hungry, and if we become hungry between meals, we often snack on something to satisfy our hunger. Consequently, we seldom know what real hunger is. Hunger is a bad thing only when someone is starving to death and is unable to obtain food. Otherwise, in normal everyday life, hunger helps us to enjoy our food when we eat. Whenever you feel hungry and it's not time for you to eat, tell yourself two things. Tell yourself, "My body is now using up some of the excess fat, the excess weight, that I want to lose." And tell yourself, "When it *is* time for me to eat my meal, this feeling of hunger will help me to enjoy it to the utmost." "Starting today, whenever you feel hungry, along with the feeling of hunger, you can have a feeling of real joy, an inner feeling of deep satisfaction, because whenever you feel hungry, you will know that you are accomplishing your goal . . . you are losing weight.

FEELINGS OF LIGHTNESS

Hold your right arm straight out in front of you, parallel to the floor. Concentrate on your arm and listen to me.

Imagine that the arm is becoming lighter and lighter, that it's moving up and up. It feels as if it doesn't have any weight at all, and it's moving up and up, more and more. It's as light as a feather, it's weightless and rising in the air. It's lighter and lighter, rising and lifting more and more. It's lighter and lighter, and moving up and up. It doesn't have any weight at all and it's moving up and up, more and more. It's lighter and lighter, moving up, more and more, higher and higher.

Now relax your arm and let it float back down. Now concentrate on your body and listen to me. Imagine that your whole body is becoming lighter and lighter, your head, your shoulders, your trunk are becoming lighter and lighter. It feels as if they don't have any weight at all. And as if you're floating suspended in the air. Let yourself feel light as a feather. Feeling lighter and lighter, rising and floating, feeling lighter and lighter. It feels as if you don't have any weight at all, and you're just floating pleasantly in space. You feel lighter, and lighter, floating and drifting lighter and lighter. And as you let yourself feel lighter and lighter, and as if you're floating and drifting along, think of how pleasant it will feel when you feel feathery light after you lose all the unnecessary weight you wish to lose.

AGE REGRESSION

[If the overweight patient was not overweight as a child, you can use age regression to reinstate in the patient the feeling of not being overweight; that is, of being the ideal weight. Tell the patient the following:]

By directing your thinking, you can bring back the feelings you experienced when you were in elementary school. Think of time going back, going back to elementary school, and feel yourself becoming smaller and smaller. Let yourself feel your hands, small and tiny, and your legs and body, small and tiny. As you go back in time, feel yourself sitting at a big desk. Notice the floor beneath you. Feel how good and healthy you feel, without any unnecessary weight to carry around. Notice how your clothes fit you comfortably, without binding or pinching. Feel how comfortable it is to sit at a desk without any protruding stomach to get in your way. Feel the top of the desk now, and you may feel some marks on the desk top, or maybe a smooth, cool surface. [Continue with age regression suggestions from the Creative Imagination Scale.] Now just feel how healthy and energetic you feel without any excess weight. [15–30 second pause] Now tell yourself its all in your own mind and bring yourself back to the present.

LOOK TOWARD THE FUTURE [AGE PROGRESSION]

Picture yourself slender and attractive, standing on a scale. Notice that the dial on the scale is pointing to _____ pounds [the patient's desired weight]. Feel how joyous, ecstatic, and overwhelmingly happy you feel as you realize that you can and will achieve your goal. Notice how healthy, vibrant, and alive you feel as you realize the full potential of your mind.

Whenever you think of eating something you're not supposed to eat, or eating at a time other then mealtime, picture yourself healthy and trim, and tell yourself that you do not want to eat this food, or that you do not want to eat at this time, because you want to get rid of the unnecessary weight you have so that the real you (slender, shapely, attractive and healthy) may be set free. Then let yourself feel the true deep inner satisfaction, security, and confidence you have, knowing that you can and will control the amount of food that you eat and that in this way you will take control of your life.

Don't worry or be anxious about losing weight. Worry and anxiety will not help you lose weight. Relax and tell yourself that you are now on a road that will lead to a new you . . . to a more attractive, healthier, more energetic, and more alive you. Feel an overwhelming sense of confidence and security rising up within you as you realize that you have taken control, taken charge of your life, and you will no longer allow yourself to be the victim of each tempting, fattening food that comes along.

Hypnotic Suggestions for Weight Control

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[These suggestions are offered following an induction, for example, emphasizing relaxation and imagery of a beautiful place.]

EGO-STRENGTHENING SUGGESTIONS

Your mind can be at peace. Just at peace, relaxed, calm and so comfortable. Lots of time. So much time, just more and more time. so good. You're breathing now easily and gently. You can feel yourself relaxing more and more. Your mind becomes calm, like a lake without a ripple. So calm and more and more at ease. It feels as if all the cares are just rolling away. And it can feel so good, as if nothing matters, nothing at all. Just a feeling of "I don't care." It's so nice to be alive, to have peace of mind, to be calm and relaxed, feeling so good. You can feel more and more peaceful. Floating so peacefully, so at ease, so calm. Lots of time, more and more time, so much time. Lots of time. So at ease. Mind becoming more and more clear and open, like a clear, beautiful lake that reflects the sky without a ripple. Just so at ease, feeling so good. A little drowsy, but so relaxed and at peace. You can become more and more at ease, calm and relaxed. Lots of time; so much time. You can feel this way whenever you wish by telling yourself and hearing these words: "I can be calm and I can be relaxed. I can feel so good to be alive." You can hear these words whenever you wish. You can feel calm, relaxed and so good to be alive. Starting now, in any situation, whenever you feel tenseness, any bother, and especially when you sit down to eat, you'll be able to hear these words. You'll be able to say them to yourself, and hear them in the back of your mind. You'll be able to say them to yourself and hear them in the back of your mind. You can be calm, relaxed, so calm and relaxed. It feels so good to be alive. You can feel calm and relaxed in every aspect of your life, in every day, all the time with your eyes open, walking, moving, working, all the time. You can feel in the back of your mind, the same feeling, this good feeling as you hear these words and say them to yourself. "I can be calm and I can be relaxed. It feels so good to be alive."

Starting now, you can start a new life. Ready to live in a new way, to enjoy every aspect of everything around you. To be aware of all the beauty of the earth. The beauty and goodness

of being alive, to feel so aware, that you are conscious and aware, and able to think, and feel, and smell, and taste, and love, and experience. To be fully alive more and more, every day, as you feel this calm, relaxed mind, enjoying more and more, starting now.

Starting now you'll be able to flow with everything around you so much better, more and more all the time. Just flowing, experiencing, not hung up, not bothered, just enjoying the calm, relaxed mind, able to face life with its problems in a relaxed way. Flowing with the problems. Doing your best to be able to move with them and not be bothered. In the same way, starting now, if you feel any feelings of hunger, be able to flow with it, feel good about it. Say, "That's perfectly okay. I flow with the hunger so my body uses up the stored up food. I don't need it now. I already have it. I have plenty of fats and sugars, and ice creams and cakes, and chocolates stored up, and now I'll use them up. I flow with hunger as my body uses up the stored up food."

SUGGESTIONS FOR SELF-TALK

And you'll find another interesting thing starting now. Whenever you eat, be able to eat slowly, with reverence, in a relaxed way. You'll feel there is lots of time. You'll hear these words. You'll say them to yourself in the back of your mind. "I can be calm, relaxed, feeling so good to be alive. And there's lots of time. So much time." Now eat with reverence, knowing how wonderful it is to be alive, to be able to enjoy and to feel, experience, and be conscious and aware. "I eat with reverence, starting now."

If you ever have any feeling that you want these high calorie, rich, fat foods for the next few days and few weeks, this too will drop away. In the meantime, whenever you think of candies, cakes, chocolates, ice cream, and other high calorie, rich, unnecessary foods, you'll hear me say, "STOP." You'll hear it quite loud, you'll hear it over and over. You'll hear me say, "STOP! You're free. You're no longer an addict. You no longer need these. You don't have to have these high calorie, rich, fattening foods. You're free now. You're no longer an addict. You no longer have to have them." You'll hear me say, "STOP," loud and strong in the back of your mind. You'll hear me say, "STOP" over and over. And after awhile, you'll internalize it, and it will be your own thoughts saying, "STOP," and saying, "You're free now. You're no longer an addict. You don't need them. You're free."

SUGGESTIONS FOR EXERCISE AND ACTIVITY

You can start a new life, enjoying everything around you. Enjoying being alive, feeling good to be alive, with a calm, peaceful mind. Relaxed, at ease, living with reverence of being alive, and enjoying every aspect of it. Determining today that you can make your life as good as you possibly can, in every way. Being aware of how good it is to move, and exercise and be active. How good it is to be strong and healthy, and have a wonderful, healthy body, and a healthy, wonderful, calm mind. Starting today, it can feel so good when you exercise, when you move, when you walk, when you work. You're going to feel good to be able to control your body, and to feel how good it is to be strong and healthy. And you'll increase the amount of exercise, of effort, of walking, of moving. You'll notice that it is going to feel real good as you become more and more alive. You'll begin to enjoy everything more, starting now, as if you've just come to the earth, and everything is new and fresh and sparkling clean. You'll be able to look around you and see the colors and the beauty of the earth. You'll be able to hear the music of the earth and everything that's around you, and everything that's alive.

REPETITION OF EARLIER SUGGESTIONS

You'll enjoy people more and every aspect of your life more as you flow with all the problems

of living. You'll take them as they come with calmness, peace, relaxation, calm, feeling good to be alive. Starting today you can start a new life. More calm, relaxed, feeling good to be alive. Eating with reverence and living with reverence. Enjoying every aspect of the food as you eat slowly, moderately, with preplanning and foresight, as a conscious, aware, very much alive, human being. Whenever you feel any need, even any thought of high calorie, addictive foods, like candies and cakes, you'll hear me say, "STOP. You're free. You don't need them any more." And you'll be able to flow with the feeling of hunger as your body uses up the stored up food, knowing that you have plenty of sugars and fats and carbohydrates, all stored up. You'll be able to flow with it and feel good about it, as you flow with all the problems of living. You'll be able to feel good about being alive, moving, walking, working, and exercising. You'll feel so good, starting now.

Let these thoughts now go deep in your mind. They'll be there to help you as the days go by. As they go deep into your mind now, you begin to alert yourself. You become quite alert, very alert, more and more alert, as you open your eyes.

Hypnotic Strategies for Managing Cravings

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INDICATIONS

These suggestions and strategies are designed to be used with urges and cravings commonly encountered in addictions and habit disorders. They have proved useful in working with smoking, obesity, alcoholism, drug dependency, and sexual addiction. These procedures may also prove valuable with other compulsive urges.

SUGGESTIONS ABOUT CRAVINGS

INTRODUCTION. The following suggestions, for purposes of illustration, focus on a problem with overeating. The suggestions seek to reframe cravings and to facilitate positive self-talk. Cognitive behavior modification approaches offer us valuable strategies for impulse control. Unfortunately, cognitive therapy usually concentrates on only consciously teaching patients coping statements to say to themselves. Posthypnotic suggestions, however, may assist in making positive self-talk a more automatic process.

SUGGESTIONS. You may be one of those people, who have mistakenly believed that cravings and eating urges occur because of physical withdrawal, and because you *need* to eat. But that isn't true. Most of our urges or hunger pangs are triggered by unrelated things, like the time of day, certain people whom we're around, a type of feeling, or the kids coming home. Some people also mistakenly think that if they experience a hunger pang, that hypnosis has worn off or failed. That's not true either. Cravings or urges are simply conditioned responses, that seldom last very long. And when you don't indulge them, they get weaker and weaker, and easier to ignore.

So when you feel a craving or hunger pang, you can talk to yourself in your mind, reminding yourself that, in a minute or two it'll go away. Hunger pangs are always fairly brief and time-limited. Many people don't realize that, and fear that they won't stop unless you eat. But urges to eat pass fairly quickly. So, whenever you feel a hunger pang or craving, you can hear a voice in your mind, reminding you, "It will go away in a minute or two." When you feel a craving, it can be as if a voice comes into your mind, or from deep inside you, reminding you, "I don't have to eat right now. This urge will stop shortly. Just wait a short time, and it'll go away." And your unconscious mind can and will so govern your conscious mind, that you'll remember that, urges or cravings will pass, and you don't have to in-

dulge them. So you can become absorbed in doing something, and almost before you realize it, the cravings are gone. And that's going to be a delight, discovering that eating urges and hunger pangs quickly pass, and you can put off responding to them. And in a few minutes, much to your surprise, you suddenly realize you're comfortable again.

SYMBOLIC IMAGERY TECHNIQUES

The patient may be taught to use symbolic imagery in self-hypnosis for decreasing cravings. The red balloon technique [found in the Chapter 13] is an illustration of this method. In this technique, patients imagine gradually putting their cravings into the gondola of a hot air or helium balloon and then releasing it. Other symbolic methods may include slaying the urge like an enemy or picturing the sensations inside themselves, and then modifying the imagery until the urge decreases. The interests of patients may be utilized in individualizing the imagery that is selected.

SUGGESTIONS FOR IMMEDIATELY IMAGINING NEGATIVE CONSEQUENCES

Posthypnotic suggestions may be given to the effect that when the patient thinks about eating fattening foods, he/she will immediately have images come to mind of horrible and negative consequences that could occur in the future. This may likewise be used with smokers, sexual addicts, and substance abusers. For instance, they may imagine losing their spouse and family, losing their job in disgrace, etc. This method is essentially a hypnotically reinforced version of the cognitive therapy technique called covert sensitization.

COGNITIVE REFRAMING SUGGESTIONS FOR INCREASING IMPULSE CONTROL

Rational-emotive therapy (RET) concepts that are usually discussed at a conscious level may also be reinforced hypnotically, and recorded on self-hypnosis tapes for patients. Spiegel and Spiegel (1978) have also provided some valuable suggestions about choosing to ignore urges or cravings, focusing instead on respecting the body. These suggestions encourage detachment and externalization of the urge. The following suggestions for increasing impulse control illustrate the adaptation of RET concepts along with some of Spiegels' ideas.

ILLUSTRATIVE SUGGESTIONS. Most people don't like to be told, "You can't," or "You shouldn't." And we don't like it much better when we say those things to ourselves. Have you ever noticed that when we tell ourselves, "I can't eat that," that we often secretly want to rebel? But you'll be pleased to find, that you can talk to yourself in other ways, that are much more helpful. Instead of fighting or trying to deny an urge to eat or drink, you can admit it. But then realize that cravings are very brief, and will pass within a couple of minutes. Instead of thinking, "I'm dying for *(e.g., a doughnut)*," you can detach yourself from the urge to eat, and say something like, "I'm feeling an urge to eat. I wonder what the situation or feeling is that's triggering this desire?" You will realize, "It will pass in a moment. This craving is just a signal to let me know that I need to cope with this situation."

It's interesting to realize how sometimes we deceive ourselves. Maybe you can recall saying to yourself, when you're trying not to eat between meals, "This is *too* hard!" Of course it's hard, but what makes it *too* hard? Naturally it's difficult to learn new habits. But you've done many difficult things before. [Pause] Urges to eat will pass fairly quickly. So the only thing that makes it "*too* hard," is our irrationally telling ourselves that it is. But as you reaffirm your commitment, to respect and protect your body, so that *(cite their individual motivations)*, you will find your eating behavior changing.

You know, maybe you can remember once when something was difficult, and you said or thought to yourself, "I can't stand it!" And

then you went and ate something tempting. We've all thought that before. But this is an irrational self-deception, and you don't want to stand under any misunderstandings. Of course we can "stand it." And you can keep in mind that if you don't eat a certain food, or at a certain moment, you're not going to explode. When we choose not to eat something, we're not going to evaporate. For a few moments from time to time, it may not be entirely pleasant or easy, but we *can* stand it. There is no logical reason why life *should always* be *perfectly comfortable*, pleasant and easy, for *every* moment. You can handle a little brief discomfort. We all can. And when we master things that are not easy, we feel very good about ourselves. Remember, you don't "*have to*" have a certain food, at some particular moment. You don't *need* it. Sometimes you *want* it, but you also *want* to be slender, and you *want* to respect your body so that you can live. So you can admit that sometimes you want a fattening food, and that it's not always entirely easy, but you can *choose* not to eat it, and not to eat right now, or you can eat something that's much better for you.

TRANCE RATIFICATION

Methods of trance ratification (e.g., glove anesthesia, limb rigidity, ideomotor phenomenon) may be used to increase patient confidence and feelings of self-efficacy. "And just as your inner mind is so powerful that it can even control something as fundamental and basic as pain, so you now know that it can control any of your feelings and desires, and anything about your body. And because of the incredible power of your unconscious mind, your urges and cravings will increasingly come under your control, and will grow less and less. Just as it controlled pain in your hand, so your cravings and desires for *(food, cigarettes, drugs, sex)* will come under your control." In the case of glove anesthesia, suggestions may be given for the anesthesia to remain after the patient awakens and opens his/her eyes. After a minute or two, trance may be reinduced and the anesthesia removed. Then comments may also be made (in addition to the suggestions above) about the "power of the unconscious mind to control your body and feelings at any time, even when you are not in hypnosis."

Weight Control

David Spiegel, M.D., and
Herbert Spiegel, M.D.
Stanford, California, and
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The instruction for weight control is similar to that used for smoking control. Subjects are given the following three points:

(1) For my body, too much food is damaging (or disfiguring); (2) I need my body to live; (3) I owe my body respect and protection.

Subjects are instructed to recognize that most of the food they eat nourishes their body, but an excess damages it, and that they can use self-hypnosis to learn to eat with respect for their body—eating with respect involves giving the body only the food it needs for nourishment and not forcing it to take in food which is damaging or disfiguring to it. They are further taught to concentrate on the concept of eating like a gourmet—savoring every aspect of the food they take in, the color, the texture, temperature, the aroma, the flavor, the seasoning—so that they learn that they can actually eat less but enjoy eating more when they concentrate fully on the food they eat. This includes eating slowly and eating without distraction such as the television or a newspaper. Other elements include, of course, a balanced diet and exercise. The plan is, again, to help patients restructure their approach to food, putting the emphasis on eating with respect rather than a temporary state of deprivation. This approach is applied primarily to patients who are within 20% of their ideal body weight.

Suggestions for Patients with Obesity Problems

Joan Murray-Jobsis, Ph.D.
Chapel Hill, North Carolina

INDUCTION

In working with problems of overeating and obesity, I typically will use an induction that employs progressive relaxation and an arm levitation. During the arm levitation, I suggest to the patients that they are experiencing an altered sense of perception—that at one point in time they have perceived their arm or their hand as if it were under their control, but that during the levitation they can perceive the arm or hand in an altered sense, as if it were dissociated and separate, floating and apart.

SUGGESTIONS

SHIFTING PERCEPTIONS AND REFRAMING. [I later refer back to this experience of altered perception and suggest to the patient:] Since we can alter perception about something as real and concrete as a physical part of our body, our hand and our arm, then it must be an even simpler matter still to imagine altering perceptions about things such as ideas and thoughts and feelings. And then we can begin to imagine how we might alter our perception about ourselves and our perceptions about food, our thoughts and feelings and behaviors about food. Perhaps beginning to see ourselves as a slender thinking, feeling, eating person.

And you can see yourself off in a distant future time with some sense of perspective and distance, and begin to notice that you do indeed have choices. You can choose to give care and respect to this physical being within which you reside. And with that sense of care and respect, you can indeed choose healthy, caring eating patterns.

[Remind the clients about their ability to alter perception and then suggest:] When most people think about dieting, one of the first things they think about immediately afterward is deprivation. They think they have to be deprived of things that they want and like. But, in actual fact, all we really need to do to become the slender person we wish to become is to help ourselves *shift our perceptions* of our satisfactions about food. And instead of perceiving the old, destructive foods as satisfying, we shift our perceptions into new healthy, constructive patterns of eating that are satisfying. And so we begin by helping ourselves forget to remember the old destructive eating patterns, the old destructive satisfactions.

SYMBOLIC IMAGERY OF A CLOUD. We might imagine putting all the old destructive foods—the fatty, greasy foods, the fast foods, the snack foods, the junk food, the excessively sweet foods, the excessive amounts of food—putting all that destructive food on a cloud. Finding it somewhat heavy and distasteful, all that excessive, heavy, greasy, sweet mixed-up food. And then we give the cloud a push and watch it float off into the distance, until eventually it floats so far away that it becomes a mere speck on the horizon, and we can scarcely remember the taste or the aroma or even the look of some of those old destructive foods, forgetting to remember those old destructive foods. And beginning to discover in their place all the healthy, positive foods that we can eat and enjoy, even as we become slender—finding satisfaction in lean meat and poultry, and fish and fruits and vegetables—the satisfaction of being free of the greasy, fatty foods and the difficulty with digestion that follows, and the satisfaction in being free of the excessively sweet, sticky food, and the highs and lows of high/low blood sugar rebounds. Feeling free from the addiction of eating sweets, the kind of addictive eating where one taste never seemed to satisfy, and there was always a need for another, and then another and another. And when we begin to unhook, when we refrain from taking that first taste of sugary food, we suddenly, within a very few days, begin to discover a sense of freedom from that addictive, compulsive, mindless, empty eating, where food was passed into the mouth and body almost untasted. We find ourselves free to choose, sometimes to eat,

sometimes not to eat, sometimes to eat moderately, discovering the satisfaction and being comfortably full, but never again having to be overstuffed and bloated. You'll begin to discover that we have the capacity to find more lasting, more constructive satisfactions in life.

CHOOSING LONG-TERM, NOT SHORT-TERM REWARDS. The fleeting moment of the taste of a piece of food in the mouth was never meant to be much of a satisfaction. It's far too fleeting. We discover that we can indeed find healthier, more lasting, more constructive satisfactions: in hobbies and entertainment, or satisfactions in work and accomplishment, satisfactions in friends and loved ones, or even in comfortable, relaxing and easy solitude. We can create for ourselves far more lasting, constructive satisfaction, discovering healthy ways of soothing ourselves, distracting ourselves.

HANDLING EMOTIONS AND EMOTIONAL NEEDS DIRECTLY. And then we discover that we have the capacity of mind to begin to deal with our feelings directly, no longer needing to submerge feelings in food. We discover that the mouth never ever solved the problems of the mind, but that we have the capacity with our mind to deal with our feelings directly, to allow ourselves to experience feelings: feelings of anger, or frustration, or sadness, or boredom, or even joy. Discovering that we have the capacity to experience our feelings, to feel them, to resolve them, and that we no longer need to try to distance feelings or submerge them in food. And learning that we can deal far more effectively with our feelings with our mind rather than our mouths. We discover that we no longer need the excuse of food in order to take a break, that we can simply choose to allow ourselves break time, down time, rest time. We no longer need the crutch of food for concentration or for socializing.

We begin to discriminate between the body's real hunger for food for energy and the emotional hungers where food was eaten even when we were full. We learn that we can deal with our emotional hungers with our mind rather than our mouth.

INCREASING ACTIVITY LEVEL. And then we can begin to visualize ourselves in the coming days of the coming week following healthy, moderate eating patterns and activity patterns. Remembering the capacity to shift perception, we visualize ourselves following healthy moderate patterns of eating and activity throughout the day. Perhaps increasing activity, enjoying physical activity even more. Remembering that the body has the capacity to alter metabolism, automatically helping us find a more moderate, healthier weight level as the body was designed to do—balancing body weight by balancing food intake and calorie consumption, and setting that balance point at a more moderate, healthier weight level as it was intended. Reminding our body to activate the metabolic process, even as it depresses and suppresses appetite, finding that balancing point at a level that allows a healthy, moderate body weight.

VISUALIZING THE GOAL. And then beginning to visualize ourselves at a still more future time at some more slender weight, and beginning to experience all of the feelings of that more slender body, feeling a smaller, but stronger body, healthier, more self-confident, attractive, a sense of pride and accomplishment, feeling all of the good feelings. And knowing that we are indeed already becoming that future slender self, and that all it takes is time and perseverance, simply following the moderate, healthy, satisfying patterns that we are already developing. And we are already becoming that future slender self.

Computer Metaphor for Obesity

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It is explained to patients that in order for them to really lose weight and keep it off, it is necessary for them to change their eating behavior, and not just go on a diet. Therefore, I use a computer metaphor and suggest to patients that before I see them again, they are to

make a behavioral list for me. It is to consist of behaviors that they feel are negative or inappropriate eating behaviors. This "program out" list may include the kinds of foods they eat, emotional eating, binge eating, any sort of inappropriate or negative eating behavior.

Then, they are to make a list of "program in" behaviors—all those behaviors associated with positive, desired and appropriate eating behaviors. When the patient returns, these lists are discussed. The patient or I may add some behaviors, and together we decide what is to be programmed out and programmed in. Then, in the hypnotic session, the unconscious mind is asked to specifically program out and program in behaviors that were selected. It is suggested that, "These will continue to be reinforced, and since the programmed in behaviors will be used more, they will get stronger; the programmed out behaviors will be used less and less, and they will grow weaker, until the new eating behavior program is dominant."

This can be reinforced with audiotapes, self-hypnosis and, of course, individual therapy sessions. This computer metaphor works nicely with most behavior modification, but particularly with habit disorders. I also find it useful to use unconscious ideomotor signaling, both to uncover problem areas and also to validate patients' positive self-reports. Then, they can see that not only consciously but also unconsciously they are accepting the suggestions and processing them in a positive way.

Suggestions for Decreasing Food Intake

Harold B. Crasilneck, Ph.D., and James A. Hall, M.D.
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INTRODUCTION

Crasilneck and Hall (1985) have each of their obesity patients medically screened and then they assess their emotional stability. Patients are asked to keep a daily diary of food intake, and unless there are medical contraindications, they are asked to not consume over 900 calories daily. Patients are further asked to walk one mile daily (other daily exercise may be substituted). (*Ed.*)

SUGGESTIONS

You simply will not be hungry. . . . The limited food intake can and will satisfy your hunger needs. . . . You will eat slowly and enjoy the food you are eating . . . you will eat slowly, masticate your food slowly . . . you will enjoy every mouthful. . . . You will have a full feeling in your stomach much sooner than usual . . . and as you are aware of this full feeling in your stomach much sooner than usual . . . you will then discontinue eating. . . . You will be relaxed and at ease, free from tension, tightness, stress, and strain, free from excessive hunger. . . . Because of the power of your unconscious mind you will want to lose this weight. . . . You can and you will tolerate this diet with minimal desire for food. . . . You will be proud of every pound you lose and you will perceive yourself as becoming thinner, less obese, and more like you've wanted to be. . . . You will not continue a habit pattern of overeating in which you have been taking certain risks concerning your physical and psychological health . . . you will want to lose weight and you can lose weight. . . . Regardless of circumstances you will maintain your diet without fanfare or resentment . . . you simply will be relaxed and at ease, free from hunger and tension, and tightness. . . . The weight loss will be consistent and permanent.

ILLUSTRATIVE SUGGESTIONS FOR USE IN SELF-HYPNOSIS

I am lying here with my eyes closed, ruling out all other thoughts and feelings. I am now concentrating on my right hand, which is

resting comfortably on my abdomen. . . . I am concentrating on the breathing of my abdomen, on the sensitivity of the fingers in my right hand . . . to the texture of the material in my clothing . . . my hand rises and falls with every breath I take . . . and I am beginning to enter a much deeper state . . . I am relaxed, free from tension, free from psychological stress and strain . . . every muscle, every fiber in my body is relaxing . . . from my head, shoulders, arms, torso, legs, feet, toes. . . . My breathing is comfortable and with every breath I take I am entering a much deeper, a much more relaxed state. . . . Now my right leg feels heavy . . . as I feel it, normal sensation returns to my right leg . . . a deeper and sounder state . . . my right arm becomes tense and rigid like steel . . . one, two, three . . . steel . . . this passes. . . . As I slowly count from 1 to 10, which I now start doing, I will progressively enter into the deepest state possible so that I can accept into my unconscious mind and put into effect with my unconscious mind these suggestions—food intake is no longer of great importance to me. . . . I will no longer overeat as I once did, in a hurried, forceful fashion. . . . I will eat extremely slowly, frequently pausing while I eat, respecting my body rather than gorging it with food . . . the loss of weight will have much more meaning to me than being grossly obese . . . and I am never going to be fat again! . . . I am going to respect my body, and I will not be excessively hungry. . . . I will enjoy eating, but I will not exceed the caloric count prescribed for me. . . . I am so very relaxed, and I am going to know a peace of mind in achieving this weight loss. . . . This weight loss will be permanent. . . . I will maintain my diet in my home and social situations under any conditions because I want to. . . . Now as I slowly count from ten to one I am slowly going to be awakened. . . . I am going to be refreshed, my thoughts will not be obsessed with food or food intake . . . but instead, I will be pleased with every pound that I lose. . . . I am now counting slowly, I am awakening, and I am fully awake at the count of one.

Historic Landmark Technique for Treating Obesity

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INTRODUCTION

This is a circular hypnotic technique whereby the patient begins a journey at a certain point and then ends the journey at the same point. This technique can be used following a basic progressive relaxation technique, and a variety of direct and indirect suggestions can be given during the patient's imagined journey. The technique can be altered to fit the specific nature of the patient's problem. I will use the problem of obesity as an example of this treatment procedure. The brief example below can be embellished in any way. The procedure can be modified to be consistent with any hypnotic or therapeutic style. A recording of this procedure can be completed during the session and given to the patient to be played a minimum of once every other day until the next visit.

SUGGESTIONS

And now, I would like you to see yourself standing at the edge of a beautiful field. It's a gorgeous day, just the way you would like it to be. And even the field itself can be any kind of field you might wish it to be. A field of beautiful flowers, or perhaps a wheat field, with the wheat gently flowing with the breeze. Cutting across the field there is a path; it's very safe and secure and I'm going to ask you to walk along the path as I'm talking to you and simply enjoy this beautiful day. As you walk along the path, you can find yourself relaxing more deeply, thoroughly, and completely—feeling so good and so comfortable and so relaxed.

On the other side of the field you will notice that the path just continues across a meadow. Stay on the path, enjoying a gorgeous day, and

just ahead you're going to come to a footbridge. Now there's just a couple of steps onto the footbridge; there's a bench built into the bridge where perhaps you would like to stop a moment and rest and relax even more completely. Beneath the bridge there's a brook. The water is crystal clear, it's quite shallow; you may even be able to hear the water trickling over the rocks. It's just so relaxing and so comfortable. Just enjoy that comfort and relaxation for a moment and then continue off the other side of the footbridge, staying on the path.

You'll notice up ahead that there is a marvelous old building, like an old castle. Along the side of the path there's a marker which indicates that this is a historical landmark, and visitors are welcome at all times. Stay on the path now, and as you approach the old building, there's a caretaker and the caretaker's spouse out working in the grounds, and you are really impressed. The grounds are just magnificent! Everything is hedged and weeded and pruned and mulched—just right. All of the various flowers and plantings are just beautiful. It's obvious to you that here are two people who take great pride in what they do, and have worked very hard to accomplish a goal important to them. You might even want to speak to them and acknowledge what a great job they have done. They indicate to you that the front door to this old building—this old castle—is left propped open, so that visitors can step inside and really enjoy the splendor of this magnificent, strong and sturdy structure. As you step inside the entrance way, you find yourself standing in a light source; it's not direct sunlight, but simply a light source and a very special feeling comes over your body.

There's a point in time when we really feel good, comfortable and totally relaxed. Some people describe it as a glow—that point in our life when things seem to be going quite well and we really feel good. Just allow that special feeling to come over your body, a feeling of deep comfort and deep relaxation. As you experience this feeling, recognize the degree to which your subconscious mind is going to allow you to maintain extremely high motivation, to continue to control your eating habits and behaviors, and to develop new eating habits and behaviors appropriate to your goal. Each day, allowing you to feel and be more and more in control—in control, comfortable, confident, knowing what you're doing is a good and healthy and appropriate thing for you. Because you're going to be so much in control, you're going to feel relaxed, calm, less stressed, less tense, less anxious, less nervous, no need to overeat or to eat inappropriate foods. You're in charge and you're in control. And even when sitting down at a regular meal, you're going to find that your subconscious mind gives you a nice feeling of fullness much sooner than before, allowing you to eat appropriately and consistent with your goal. [Any other specific motivations provided by the patient during the prehypnotic interview can also be included at this time.]

Now take all of that strength, motivation, and control with you. Your subconscious mind is a very powerful part of you. Take all of that with you now and come back outside of the old castle, say goodbye to the caretaker and the caretaker's spouse; and begin walking back down along the path, back down to the footbridge, and as you come to the footbridge, I'd like you to pause for a moment, look down into the water, and see a reflection of yourself at your desired weight; see yourself right there, the way you would like to look and feel. Notice perhaps even what you're wearing and how good you feel about yourself. Just allow that image to be very clear and helpful to you, because each time that you even think about overeating, or eating inappropriate foods, that image is just going to pop into your mind, and continue to give you that added strength, control and motivation needed to keep those eating habits and behaviors consistent with your goal.

Take that image now and all of those feelings that you have with you from the old castle, and come off the other side of the footbridge and begin to walk back across the meadow, feeling so good and so comfortable, and so much in control and really looking forward to each pound that you lose, getting closer and closer to

your goal. And now as you reach the edge of the field, I'm just going to count from one to five, and when I reach the number five, your eyes will open and you will be completely, completely alert; feeling good, feeling refreshed, completely, completely alert. One . . . two . . . a little more alert now, 3 . . . really feeling that control, and knowing that you're in charge of your eating habits and behaviors; four . . . a little more alert, almost completely alert now, and five . . . opening your eyes completely, completely alert.

Hypnosis in Weight Control

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WEIGHT CONTROL SUGGESTIONS

As you relax comfortably, I am going to offer ideas and suggestions that will be most helpful in attaining deeper levels of relaxation and in controlling your desire for fattening food. It isn't really necessary for you to pay close attention to what I have to say. You may involve yourself in your own thoughts, your own body feelings, your own sensations. In its unique way, your subconscious mind listens and responds to new learnings and experiences. Your eyes are growing heavier, and a delightful feeling of deep relaxation is spreading through the muscles of your face, your neck, shoulders, and downward through your chest, back, abdomen, thighs, and legs.

Your attempts in the past to starve yourself into reducing body weight developed tension, anxiety, and frustration. That is all over. Now you have the wonderful opportunity to associate relaxation of body and mind with a relaxed attitude toward eating. You find yourself comfortably choosing only those foods that are good for you, and passing up the foods that are fattening. Each passing day you gain more and more confidence in your ability to control your food intake.

RATIFICATION THROUGH LEVITATION. At this time I would like you to focus attention on feelings in your left hand. Imagine that colored balloons are tied to the fingers of your left hand and that several balloons are tied to your left wrist. Feel the lightness in your fingers and wrist as the balloons in their upward flight support the weight of your fingers and hand. As your hand feels lighter and lighter and you go more deeply relaxed, your subconscious mind will readily accept ideas for making your whole body lighter.

EATING IS AN ART. Reduction of body weight can be accomplished by learning to thoroughly enjoy those foods that do not contribute to the formation of body fat while eliminating sweets and starches. Your enjoyment of those foods that are good for you can be markedly enhanced. To help you appreciate the pleasure in eating properly, I would like you to picture in your mind's eye a wine taster. You relax more deeply as your hand continues to rise toward your face and the image of a wine taster appears. He/she spends a little time holding a glass of wine toward the light and fully appreciates the beautiful color and clarity of the beverage. He/she permits himself the luxury of enjoying the delicate aroma and bouquet. Only then does he allow a few drops of the liquid to touch his lips and tongue, and to bring into play the sensitive taste buds. Taking full advantage of the organs of sight, smell, taste, he derives the most exquisite gustatory pleasure.

Eating is an art. You are learning to apply techniques that give you more satisfaction and enjoyment in eating than you have ever experienced in the past. You automatically find yourself eating slowly, appreciating the color and fragrance of those foods that are good for you. You take small bites of food and devote time to appreciate patterns of eating, and textures. As you establish new and delightful patterns of eating, you enjoy a feeling of release from anxiety and frustration, a feeling of increased confidence in your ability to achieve your goal.

As you continue to relax more deeply and comfortably, I will touch your left hand and

lower it to your lap. The lightness disappears and you go deeper into trance and feel more confident in your ability to carry out instructions and recommendations. As time goes on you will find yourself eating only those foods that are good for you and that will permit your body to lose excess weight. [Specific foods that are acceptable and prohibited may be indicated.]

The change in your eating habits results in loss of excess weight, a more attractive figure, and increased pep and energy. You develop confidence in your ability to be a dynamic and effective person. Your subconscious mind has a tremendous capacity for learning, and as you continue to relax more deeply your new learnings automatically become an integral part of your total personality. You respond to ideas and suggestions that are most helpful in establishing a new point of view, a new orientation, a new way of life.

[As the patient's ability to operate within the hypnotic situation increases, self-hypnosis is used to reinforce therapeutic suggestions in daily home sessions. In a self-induced trance, the patient reviews ideas and suggestions that have been imprinted on the subconscious. By actively participating in the weight reduction program, patients learn to depend less on the therapist and more on their innate ego-strengthening capability.]

Your success in learning to relax and to experience various hypnotic phenomena may now be utilized in another learning process. Just as your subconscious mind learned to experience various sensations and activities, it can learn to control the pleasurable activity of eating. While you continue to relax more and more deeply and comfortably, I am going to offer you ideas that your subconscious mind can readily accept. In that way you will automatically change your eating habits so that you can comfortably lose excess weight, then continue through life eating pleasurably and sensibly while maintaining normal weight. You can accomplish this by eating food that is good for your body.

SAVORING FOOD LIKE A COFFEE TASTER. You can learn to enjoy eating while making appropriate changes in eating habits that will result in weight loss. To help you do this, I would like you to picture in your mind a professional coffee taster raising a cup of coffee and spending a little time analyzing the reflections of light on the surface of the coffee, the color and clarity of the coffee. When you see this clearly, let me know by nodding the head. [Note: Raising a finger may be used in lieu of nodding the head.] Then the taster slowly raises the cup and spends a few moments enjoying the delicate aroma of the coffee. As you develop this image, you go into a deeper, delightful trance state, and as you go deeper and deeper relaxed you notice the coffee taster taking a sip of the beverage, bringing into play the sensitive organs of taste. By taking advantage of the organs of sight, smell, and taste, the coffee taster derives the utmost gratification from a small quantity of coffee. As you continue to go into a deeper, enjoyable trance state, it might be interesting for you to compare the coffee taster's unhurried appreciation of a small amount of coffee with another person who quickly gulps a whole cup of coffee without taking time to appreciate all the subtleties of good eating, his taste buds so overwhelmed by a large quantity of coffee rapidly consumed that he cannot appreciate the delicate flavor.

You can develop the habits of a professional taster taking time to concentrate on color, aroma, flavor, enjoying eating slowly, limiting yourself to small bites of food and developing a feeling of comfortable fullness after eating relatively small portions of food. You will pass up fattening foods because they become associated in your mind with being overweight. Eating properly is associated with pleasurable feelings, feelings of lightness, attractiveness and good health. As you continue to develop good eating habits, you will take pleasure in increasing physical activity and exercise. Eating properly helps develop a feeling of physical well-being and attractiveness. It diminishes mental and muscle fatigue so that you find yourself more alert and inclined to participate in that form of exercise and recreation that best fits your particular needs.

Weight Control Suggestions

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[Following induction, deepening, and ego-strengthening suggestions:] And now I want you to have a clear mental image in your mind, of yourself standing on the scales and the scales registering the weight you wish to be. See this very, very clearly for this is the weight you will be. See yourself looking the way you would like to look with the weight off those parts of the body you want the weight to be off. See this very, very vividly and summon this image into your mind many times during the day; particularly just after waking in the morning and before going to sleep at night, also have it vividly in your mind before eating meals. And this is the way you will look, and this is the weight you will be. As you believe this, so it will be. When you have attained this weight, you will be able to maintain it, you will find yourself eating just enough to maintain your weight at the weight you would like to be. Until you *do* attain this weight you will find you have less, and less desire to eat between meals. In fact, very, very soon, you will have no desire at all, to eat between meals. You simply will not want to. Also you will find you will be content with smaller meals. There will be no sense of unhappiness or dissatisfaction, smaller meals will be quite satisfactory to you, and you will have no desire to eat large meals. Also you will have less, and less desire for high calorie, rich, unhealthy foods. Day by day, your desire for such foods will become less and less, until very, very soon, you will have no desire at all for rich, high calorie, unhealthy foods. Instead, day by day, you will desire low calorie, healthy foods, and these will replace the high calorie foods, the rich foods, you have eaten in the past. As you lose weight and approach closer and closer to the weight you wish to be, you will find yourself growing stronger and stronger, healthier and healthier. Your resistance to illness and disease will increase, day by day. With less weight you will feel better and better, and your health will become better and better. Remember, too, that your own suggestions will now be just as effective as the suggestions I give you, either personally or by tape.

Miscellaneous Suggestions for Weight Control

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William D. Fezler, Ph.D.
*Palm Springs, California, and
Beverly Hills, California*

EAT LIKE A GOURMET. If you really wish to lose weight, you will roll the food from the front of the tongue to the back of the tongue and from side to side in order to obtain the last ounce of satisfaction and the "most mileage" out of each morsel and each drop that you eat. By doing this you will more readily satisfy the thousands of taste cells that are located all over your tongue (there is an appetite center located in the hypothalamus) and, as a result, less food will be required and your caloric intake will be immeasurably curtailed.

THINK THIN. Second, you will "think thin"; that is, you will keep an image uppermost in your mind of how you once looked when you were thin. Perhaps you have a picture of yourself when you weighed less. If so, place this in a prominent position so that you will be continually reminded of the way you once looked. There is considerable basis for this suggestion. You undoubtedly are aware that, if a woman imagines or thinks that she is pregnant, her body will develop the contour of a pregnant woman; her breasts will enlarge and she may, in many instances, stop menstruating. Also, you may have at one time experienced a great deal of inner turmoil and lost weight in spite of the fact that you ate excessively. Cannot a frustrated lover also "pine away" for the beloved?

AVERSIVE CONDITIONING. Third, you might like to think of the most horrible, nauseating, and

repugnant smell that you have ever experienced. Perhaps it might be the vile odor of rotten eggs. In the future, whenever you desire to eat something that is not on your diet, you will immediately associate this disagreeable smell with it. Also, you might like to think of the most awful and disgusting taste that you may have had in the past. This, too, can be linked with fattening foods even when you merely think of them.

MOTIVATING YOURSELF. Finally, for this session, remember that you cannot will yourself of lose weight. The harder you try, the less chance you will have to accomplish your aims. So relax—don't press. The next suggestion is to motivate you. Would you mind purchasing the most beautiful dress that you can afford? Hang it up in your bedroom where you can see it every morning and imagine yourself getting into it within a relatively short time. You can speculate how soon this will be. Now this is important! The dress you buy should be at least one or two sizes too small for you.

Further Suggestions for Management of Obesity

William S. Kroger, M.D.
Palm Springs, California

SUGGESTIONS FOR GLOVE ANESTHESIA

"Glove anesthesia" is another valuable dynamism for appetite control. It is extremely useful for minimizing hunger contractions. The patient places the hand "made numb" over the epigastrium. This technique has been employed in dentistry, for amelioration of pain in cancer, with surgical and obstetrical patients. . . . The technique for glove anesthesia is as follows:

Imagine that your right or left hand is in a pitcher, jug or bowl of ice water. You can practically feel the imaginary ice cubes bumping your hand. At first you will notice a numb, tingling sensation in the fingertips. As you imagine your hand in that cold, chilling ice water, the colder and more numb your fingers will become. So, if you wish to develop this numbness in your hand, just lift it toward the side of your face. If you wish to increase the numbness, suggest to yourself that with each motion of your hand toward your face it will get more numb and more wooden-like. [At this point the hand continues to move upward.] After each movement, pause to give your hand a chance to feel the suggestions of numbness. [The hand continues to move a short distance of an inch or two at a time, and to move steadily toward the side of the face.] If you wish more numbness of the hand, notice that the closer it approaches your cheek the more numb it will get. And when it finally reaches your cheek, just let the palm of your hand rest lightly against your cheek. Then allow the numbness to be transferred from your palm to the side of your cheek. After you are certain that your cheek has become very numb, only then will your hand drop to your side, and it will feel normal. However, the side of your face will feel just as if a dentist had injected novocaine into your gums. Remember how leathery and stiff one side of your face feels following an injection?

Such suggestions make full use of subtle techniques leaving the patient no alternative but to make the side of his face feel completely "anesthetized." After feeling the glove anesthesia he is convinced that the numbness of the cheek is genuine. This suggestion is given as follows:

Whenever you feel the onset of hunger, you can stop it by placing the anesthetized hand over the pit of your stomach to control the hunger pangs.

USING IMAGINATION

. . ."Think thin," that is, keep an image uppermost in your mind of how you once looked when your weight was normal. Pick your own good points (smile, eyes, hands, hair, complexion, etc.) and concentrate on how these will be enhanced by weight loss. Also, place a picture of yourself when you weighed less in a prominent position so it continually reminds you of the way you once looked.

Erickson's Suggestions with Obesity

Milton H. Erickson, M.D.

[With a severely obese young woman who already described herself as a "fat slob":] I really don't think you know how unpleasant your fatness is to you . . . so tonight when you go to bed, first get in the nude and stand in front of a full-length mirror and really see how much you dislike all that fat you have. And if you think hard enough and look through that layer of blubber that you've got wrapped around you, you will see a very pretty feminine figure, but it is buried rather deeply. And what do you think you ought to do to get that figure excavated?

THOROUGHLY ENJOY A SMALL PORTION

And I'd like you to enjoy it thoroughly and well. You know, it's just as easy to enjoy a small portion as it is a large portion. In fact, those . . . who eat a small portion will enjoy a small portion much more than you would a large portion. And you really will, because you won't even have to feel guilty about that small portion. You'll be perfectly delighted with it.

FAIL-SAFE QUESTIONS UTILIZING THE UNCONSCIOUS

And what will be the effective means of losing weight? Will it be because you simply forget to eat and have little patience with heavy meals because they prevent you from doing more interesting things? Will certain foods that put on weight no longer appeal to you for whatever reasons? Will you discover the enjoyment of new foods and new ways of preparing them and eating so that you'll be surprised that you did lose weight because you really didn't miss anything?

Negative Accentuation: Vivifying the Negative During Trance

M. Erik Wright, M.D., Ph.D.

INDICATIONS AND CONTRAINDICATIONS

Indications and guidelines concerning the use of aversive, negative hypnotic techniques are discussed to some degree by Dr. Wright below, but a few remarks seem appropriate. It is not currently fashionable to use aversive or negative hypnotic methods. But when more positive techniques do not produce success, and when the patient is very hypnotically talented and capable of experiencing ideosensory phenomena, aversion suggestions may potentially contribute to favorable outcomes. Aversive methods also seem to me to be indicated when they are congruent with the patient's expectations for therapy. Some patients want, expect and even request this type of suggestion. It seems reasonable in such instances to meet the patient's expectations and preferences by providing such suggestions, albeit preferably within the context of many other positively framed suggestions. Dr. Wright's approach to accentuating the negative provides a particularly balanced and thoughtful model for us. Dr. Stock's metaphor that follows also illustrates a subtle method for giving aversive suggestions. (*Ed.*)

INTRODUCTION

The client is asked to prepare a list of personally negative consequences of overeating and to rank them in order of increasing negative value. . . . Even though the client is the person who prepares the list of negative effects and chooses the one(s) to be initially elaborated, it remains prudent for the therapist to use either the Chevruel pendulum or the finger signaling technique to check whether accentuating the negative in fantasy would be accept-

able to the client. An affirmative response confirms the client's readiness to accept the heightened stress that may be associated with negative accentuation during hypnotic trance. It also implies that the client recognizes the purpose of negative accentuation in facilitating better self-management of eating.

The particular client in the following demonstration was a 45-year- old male who had drawn up a list of negative consequences of overeating that began with a double chin and ended with a very deep concern about high blood pressure and diabetes, both of which were quite frequent on his father's side of the family. He had always had a vigorous appetite, but his weight problem had become aggravated since he had become sales manager of an insurance firm, a position that required frequent luncheon and dinner meetings with clients. He had gained 25 pounds in the past nine months, reaching his present weight of 230 pounds. There was a classical history of crash diets and rapid regaining of weight, usually to a point greater than the preceding figure. This time he had made a commitment to his family to stay with the program under the supervision of his internist and psychotherapist. His only constraint was that no appetite-suppressing medication be used.

SUGGESTIONS

Therapist: You indicated with the Chevruel pendulum that you were ready to give full emphasis to these feelings while in trance so that the inner part of your mind could get the message to use them to become a balanced eater.

Please raise your right hand in front of you with the palm facing away, and focus upon your fingers as you have done several times before. Let the feelings of heaviness come into your hand as your eyes maintain their fixed focus. . . . As you feel your hand moving down, let the heaviness in your eyes increase until they want to close . . . good . . . let them close and let your arm come to rest in your lap . . . letting go . . . your whole being relaxed . . . drifting . . . drifting . . . drifting to an eating situation where you have an inexhaustible supply of food in front of you. . . . Signal with your right index finger when that image or that idea is clear to you. . . .

Okay . . . [Dissociation is suggested:] I'm going to ask you to describe the scene, and as you talk you become more and more involved in the scene until part of you feels like it is right there in the scene and the main part remains right here with me watching what is happening. . . .

Client: I see myself in the restaurant. . . . There is a huge smorgasbord table spread out in front of me piled high with wonderful food. . . . It all looks and smells so appetizing. . . .

T: Imagine yourself with an unlimited appetite . . . begin feeding yourself from the heaping plates . . . and imagine that it is like time-lapse photography. . . . As the food goes into you . . . it is processed almost immediately . . . and you can see the effects of the food . . . as if weeks and weeks of eating were being condensed into minutes. . . .

C: I can taste the food on the back of my tongue and just feel the swallowing. . . . The skin under my chin is filling out. . . . It seems to be getting larger and fuller until my chin seems to blend into this under-skin. . . . I can hardly see the neck line. . . . It looks almost like a frog's neck, and my head is forced upward a way, by the mass under my chin . . . that's really weird-looking. . . .

T: Keep on with your eating. . . . See where your image leads you as you continue eating. . . .

C: Now I see myself beginning to get larger around my chest and middle. . . . A funny thing is happening . . . now I can see myself only from the back, and I am no longer sitting on a chair but on a bench, and my back end is beginning to drape over it. . . . I see the midseam in the back of my jacket pulling apart . . . as though it might give way any moment. . . . Now it shifts again and I am looking at the front of me . . . I can hardly

recognize myself. . . . My eyes are deep in my head with big rolls of cheek. . . .

T: How are you feeling?

C: Terrible . . . yet I still see myself eating . . . and getting more and more bloated . . . hardly a large enough opening in my face for the food to be put in. . . . I don't know if I could stand up on my legs if I tried. . . .

T: Intensify the image . . . [Client comanagement is suggested:] Bring it to the point where it will be most helpful to you in managing your daily eating program. . . .

C: I'm beginning to get a sickish feeling inside. . . . That's hardly human. . . . I can't seem to recognize myself. . . . It stopped feeding itself. . . .

T: Good . . . make use of this image when your inner mind needs it to help you become a balanced eater. . . . Now condense future time. . . . See that image begin to restore itself as the eating becomes a balanced eating. . . . When the figure of yourself is back to where it pleases you . . . signal with your right index finger. . . . Count yourself back to the here and now . . .

Aversive Metaphor for Chocolate Eaters

Marvin Stock, M.D.
Toronto, Ontario, Canada

When you mentioned your *problem* with chocolate, I told you how I understand that, and that I will tell you of my personal experience. Years ago, when I was a young adult in medical school, I suffered from acne. The dermatologist repeatedly informed me that my adolescent acne was maintained, actually *made worse*, by *the chocolate* I regularly consumed. Despite the *disfiguring* acne, I found it impossible to stop. The years went by. At last I was at the stage where I could work with actual patients in the outpatient department. I found the O.P.D. filled with fascinating and *challenging problems*, each one the equivalent of a detective story.

One day my teacher and I were presented with an unusual problem. He was a young man in white coveralls and a chef's hat. Now one of the first things that was required of us medical students, as part of our learning, was to guess the patient's age and occupation, the problem, and then the solution. Looking at the young patient, the most obvious things about him were the numerous *green and yellow stains* on his coverall. Naturally I first considered which occupations would produce stains of that sort. However, it turned out that he worked at Laura Secord, with chocolate, and none of the fillings used were that color. As is the custom, we asked him why he had presented himself at the O.P. department, and he said, "Look." He removed his chef's hat and the coveralls and stood there in his underwear. He was *covered* with large *boils*, each *boil* like a *volcano erupting*, *pus*, *yellow* in some areas, *green* in other areas. It had *seeped through* the material of the uniform and produced the green and yellow stains. By the time we had established the connection between the pus stains on his garment and the *erupting boils*, the aroma of *putrefaction* had reached us, the typical *revolting smell of pus* from BACILLUS PYOCYANEUS.

My teacher explained this was quite common among chocolate workers. A light *dusting* of sugar provides just the right *condition* for *bacteria* and *mold to grow*. With my *vivid imagination* I could see hordes of chocolate *workers covered* with all kinds of *vile skin lesions*. My *stomach heaved* the *premonitory acid* to the *back* of the *mouth that precedes vomiting*. I quickly made up my mind to *renounce chocolate* and *felt better*. Needless to say, my acne cleared rapidly after that. That was a *worthwhile* experience.

Later in medical school, in the course on nutrition, we were given the most advanced and detailed analysis of foods, and in the breakdown of chocolate, it turns out there is always *5%-10% of unrecognizable organic material*. Now what could that mean?

Our professor informed us that this represents *the remains of insects*, and *rodent droppings* that could not be washed off the cocoa bean during manufacturing. Furthermore, during the manufacturing process, similar *unwanted animal life falls into the vats* all the time. I was so glad that I had rejected chocolate before.

Now I suggest when *you look at chocolate*, you do what I have done, you *imagine* for a moment that you have *microscopic vision* and see those bits and *pieces, up to 10%, dispersed through the chocolate.* When you *do* so effectively, just be prepared for a *pleasant surprise.*

Symbolic Imagery: The Dial Box Shrinking Technique

Mark S. Carich, Ph.D.
Collinsville, Illinois

INTRODUCTION AND INDICATIONS

This technique has the hypnotized client imagine a dial with different degrees or levels that indicate reduction of the specified behavior. For example, the client may imagine a dial ranging in intensity from 0 to 10. This method may be beneficial in "shrinking" a symptom, whether it is a "need" or desire, pain, a cognitive belief or perception, or a behavior. [Another illustration of this type of method is Hammond's master control room technique in Chapter 11.]

THE TECHNIQUE

The client is instructed to imagine or visualize a dial that controls the intensity of the symptom. It is important to tailor the metaphor to the sensory modalities that the client uses. For example, if the client is capable of imagining sounds, it is important to emphasize the clicks when turning down the dial. The actual details of the dial or control box may be left to the client's imagination and liking.

SUGGESTIVE WORDING. And now visualize a box with a dial on it. Do you see the dial box? [Obtain verbal or nonverbal confirmation.] That's it, and now visualize the dial, and notice the different degrees of intensity, perhaps ranging from 1 to 10. [Obtain verbal or nonverbal confirmation.] Become aware of the level of *[e.g., pain, desire, problematic behavior]*. What level do you feel it on a scale of 1 to 10? [Alternatively: "What level is this currently on the dial box?"] Now allow yourself to turn it down. [Pause] That's it, visualize yourself turning the sensation down to a comfortable level. [Obtain input about the process.] What are you feeling? Is it comfortable? [If a "no" answer is obtained, have the client explore the symptom and decide its various attributes, characteristics, sensation, etc.] And notice how easy it is to turn the dial. Notice how easy it is to control *things*. [Have the client practice modifying the intensity of the symptom. This procedure may also be tape recorded for use in self-hypnosis. With each practice session the client may be able to decrease the intensity toward a manageable level or reinforce symptomatic control.]

The Attic of the Past

Eleanor S. Field, Ph.D.
Tarzana, California

INDICATIONS

This technique may be used with habit disorders such as obesity or smoking. Instead of "trading down" to another kind of oral habit or addiction, the patient is encouraged to "trade up" instead by ascending the stairs to the attic of the past.

SUGGESTIONS

And with each step you climb toward the attic, at the same time you go deeper and deeper relaxed. One, going up toward the attic of the past. Two. [Etc.]. At five you reach the landing and turn as the stairs take you in another direction. Six, smelling the pleasant, familiar smell of the cedar. Seven, experiencing the warmth of the air. Eight. Nine. Ten. As you open the doors to the attic, the rafters appear to reach in every direction, and the rickety old floor cracks beneath your feet.

Before your eyes are several large old chests and several large cartons. You might wonder what they contain. You might like to take a moment now and rummage through one of the old chests and come upon a past experience of your life that was particularly pleasant, and joyful, perhaps even a peak experience for you. When you come upon that experience, lift a finger on either hand that indicates "yes" for you. Now, really reexperience that situation in every way, see it in every detail, what you look like, the colors you are wearing, the surrounding environment. Feel the joyous and pleasant feelings associated with that experience, and any other feelings that are a part of that time of your life. Hear the sounds involved with that episode. Smell the smells associated with that time. Take a few moments and do just that. [Pause]

Would it be all right to share that experience with me? [If "yes," allow the patient to do so. If "no," or following the patient's sharing, continue as follows.] Before we move on, please title your experience, like the name of a book or movie. Now move forward or backward over the river of time and come upon another such experience, perhaps an anniversary, wedding, graduation, or the birth of a child. [Repeat the process, accessing three or four positive episodes, going backward or forward over the river of time or the highway of life.]

Now I'd like you to descend the stairs from the attic of the past, and as you do so, it might be especially nice if you could bring those experiences back with you. Perhaps you could put them in that big knapsack that lies near the door of the attic. Perhaps you might like to put them in a jar, the one over there with the pretty lid. Perhaps you might just like to keep them within your psyche or your innermost mind.

Close the doors to the attic and descend the stairs. Ten, coming down. Nine, beginning to leave the smell of the cedar behind you. Eight, carrying those valuable experiences back with you. Seven, almost to the landing now. Six. [Pause] Five, turning again toward your initial direction. Four. Three. Two. One, leaving the attic of the past, knowing you can return there on your own, whenever you please, and having with you those valuable experiences from out of your past.

And I now make the suggestion to you that each and every time you have the desire to eat at a time you know is not in your best interest, or eat something which is not in the realm of becoming the "slim, trim, thin you" [or whatever you have the desire to reach for a cigarette, etc.], instead, I suggest that you think of the title of one of your past peak experiences, and allow yourself to take a few moments to relax and reexperience it again in every detail, with all the sounds, smells, colors, and especially the good feelings, the feelings of accomplishment, of attainment of goals, and whatever sensations are related to that experience.

And won't it be exciting for you to realize that you can do just that, and you don't even need to sit or lie down to do it. You can be anywhere you happen to be at that time. And won't it be especially exciting when five weeks or five months from now, I really don't know when, you look back at today here in this office, and you have achieved this present goal of becoming the "slim, trim, thin you" [or the person who no longer desires a cigarette, etc.]. And you'll realize that you were able to become the person you wanted to be, entirely on your own, utilizing all of your courage, your own control, and especially your very own life experiences to make the present and future happen for you, as you wanted it to happen, having achieved your goal and knowing you can maintain it for the rest of your life.

TREATMENT OF EATING DISORDERS

Suggestions to Modify Body Attitude

Eric J. Van Denburg and
Richard M. Kurtz, Ph.D.
Chicago, Illinois, and St. Louis, Missouri

INTRODUCTION AND INDICATIONS

The authors documented that these suggestions may produce attitudinal and phenomenological changes in hypnotically responsive subjects. In support of traditional clinical wisdom, they also found that the suggestions were primarily effective when the subject was amnestic for the suggestions. Thus their amnesia suggestions have also been included with their other suggestions. (*Ed.*)

SUGGESTIONS

Now listen very carefully. I want you to concentrate on your bodily appearance, form a picture of how you look in your mind and listen to what I say. During the next two weeks you are going to think over and over again—"How attractive I am, how good looking I am, how beautiful I am." These ideas will spring into your mind over and over again. You will think about your bodily appearance and you will be very satisfied with how you look. When you see yourself in a mirror, you will be very pleased with all aspects of your body. You will like everything about your body. Everything you do—putting on a coat, adjusting your clothes, combing your hair—will remind you of your body, and you will think how good-looking you really are. You will think over and over—"How attractive I am, how good looking I am." These ideas will come to you naturally, over and over again. You will find yourself thinking this over and over—it will seem very natural—it will not seem silly and you will not feel the least bit embarrassed by the idea that your body is very attractive. These thoughts will simply spring into your mind over and over again. [Repeat suggestions again.]

SUGGESTION FOR AMNESIA

. . . I want you to forget that I gave you this suggestion—you will carry out the suggestion—but you will not remember that I gave it to you. No matter how hard you try you will not be able to remember that I gave you this suggestion. The harder you try to remember the more difficult it will become. You'll completely forget about my suggestion about your body as if it never happened. This is the one thing that you cannot remember. You are going to wake up in a few minutes. You will feel refreshed, wide awake, and in a good mood. I will count from 1 to 5 and with each count you will be more fully awake.

Altering Body Image

Hans A. Abraham, M.D.
Palm Beach, Florida

You are comfortably seated by the side of a beautiful mountain lake, the blue of the sky reflected in the mirror-like surface of the lake. There are sailboats with billowing white sails sailing into the distance, the ripples in their wake representing the past, as they spread further and further until they disappear in the surface of the water. There is a small island not far from the shore with beautiful trees, dark green oaks, reddish brown beech trees, yellow-green birches and the lacy branches of the weeping willows reaching to the surface of the water. There's a rustic bridge, slightly curved upward with a wooden rail leading to this island. *You can see yourself standing on that bridge at 125 pounds* [give the weight that the patient desires to achieve], *beautiful, strong, happy*. Under the bridge, reflected in the

water—we know this is a distorted image—is your likeness at 180 pounds.

Pick up a pebble, right there, and toss it into the lake. [Have the patient indicate with an ideomotor signal when he/she observes the splash of the stone in the water.] Circular waves quickly spread from that splash obliterating the obese image. These ripples are the past, just like the wake of the sailboats. You know that sailboats go forward only, no matter which way the wind blows. Sailboats go forward only, just as you go forward only toward the newfound image. This image will be in your subconscious mind wherever, whatever, whenever you eat. This image will guide your eating habits from now on, and you are looking forward to the time when you will reach the beautiful image on that bridge.

Suggestions for Increasing Food Intake

Harold B. Crasilneck, Ph.D., and James A. Hall, M.D.
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INTRODUCTION

The authors (Crasilneck & Hall, 1985) emphasize that increased food intake in medical patients may result in complications, such as "food shock" if there is acute overfeeding or the possibility of irritating eroded esophageal mucosa in severely burned patients. Thus hypnotherapy should proceed under close supervision from the primary care physician. Eleven of twelve patients were reported to have responded positively to these suggestions. (*Ed.*)

SUGGESTIONS

Because of the power of the unconscious mind, you can and will accomplish any goal necessary. . . . I give you the strongest of strong suggestions that you will be hungry . . . you will be hungry for meals and if, on the advice of your doctor, supplementary feedings are necessary for your health and recovery. . . . you will also tolerate these well. . . . You will be hungry, you will ingest and digest your food easily . . . food will taste good . . . you will enjoy eating, for you will do all in your power to sustain life . . . you will feel hungry and you will eat to satisfy your hunger. . . . You will be able to tolerate more and more food as prescribed by your physicians . . . food will be a source of comfort in the fact that in eating the food you are getting well . . . you will tolerate the increase in food easily, consistently, until you have reached the desired goal advised by your physicians.

Suggestions for Presenting Symptoms in Anorexia Nervosa

Meir Gross, M.D.
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INTRODUCTION

Gross (1984) identified target symptoms for hypnotic intervention with anorexia patients. The modeled suggestions were from a case study included with his original report. (*Ed.*)

SUGGESTIONS FOR RELAXATION

One of the earliest beneficial effects of hypnotherapy on the anorexic is relaxation, which reduces the level of hyperactivity. Whether through self-hypnosis or regular sessions with a hypnotherapist, the patient is able to calm her overactive neuromuscular system.

SUGGESTIONS FOR CORRECTING BODY IMAGE

The anorexic patient has a notoriously distorted body image. To help her realize this, the hypnotized patient is shown photographs of her emaciated body, and a healthier body image is then suggested. Asking the patient to draw

pictures of herself is also instructive. Often, she will draw a normal torso but attach it to hugely distorted hips. Once the therapist realizes that only part of the body image is distorted, he can concentrate primarily on this portion. During trance, the patient is asked to touch each part of her body, including the stomach and heart, and especially the parts of most distorted image. After a time, the patient comes to understand that her conception of that part of her anatomy is not real.

SUGGESTIONS. Touch your body and concentrate on the feelings you get. Feel the softness of your skin, the warmth of your body and the size of any part, especially your limbs. Touch your thighs and calves and feel their real size, how round and nice they are shaped. Does it make you think about the wonders of creation, of man's creation, of your own creation, of the wonder and beauty of it? That's right. These wonders are yours to enjoy and admire.

DEFECTS IN INTEROCEPTIVE AWARENESS

The anorexic has no perception of sensations from her own internal organs, especially hunger. Because of this, she cannot even perceive the sensation of satiety, and, when hunger can no longer be blocked, she will eat huge amounts of food without being able to stop. Vomiting becomes an artificial means of control, and the use of laxatives an everyday measure of reducing. Hypnosis can help unblock these sensations.

SUGGESTIONS. Concentrate on your stomach and the sensation you feel coming from it. You can recognize the feeling of hunger and respond to them by eating small amounts. At the same time you can tune yourself to the feeling of satiety, being able to respond by stopping eating at that point. Being able to be perceptive to hunger and satiety will give the security of eating according to the needs of your body, letting your body regulate it like a clock. You can trust your body and its sensation, letting it be controlled automatically with much confidence on your part.

SENSE OF EFFECTIVENESS AND NEED FOR CONTROL

Most anorexics lack self-esteem. Perfectionistic to extremes, anything they do seems unsuccessful and not good enough, which may be the main reason most of them also suffer depression.

SUGGESTIONS. See yourself as you would like to be five or ten years from now. Realize how independent and self-sufficient you can be with complete control over your life.

HYPNOSIS AS A TOOL FOR THERAPEUTIC ABREACTION

Sometimes a traumatic event is the source of anorexia. Early trauma, not discussed during regular sessions, might be revealed during hypnotic age regression. Recognition of this childhood event and working through the abreacted feelings can lead to successful resolution of anorexia.

SUGGESTIONS. Now you are watching the movie of your life going backwards from the present time to your childhood. If you see anything upsetting, raise your right finger. I will stop the movie, and you can tell me about it. [If the event is too traumatic, the therapist can remind the patient that it is only a "movie."]

HYPNOSIS TO OVERCOME RESISTANCE

As already mentioned, one of the major difficulties in psychotherapy of anorexic patients is overt or covert resistance. At the very beginning of therapy, the patient will object to any pressure to increase food intake and direct suggestions may actually antagonize her. When hypnotherapy is present as a tool for weight control, it is often accepted. Properly presented, self-hypnosis will pose no threat to the

patient's personal sovereignty, since it becomes a means of gaining further control over herself.

A therapist can seize on something important to the patient to introduce self-hypnosis, and, at the same time, indirectly suggest better eating habits in order to improve her performance, e.g., in tennis, etc. The therapist can emphasize that in self-hypnosis, the patient will gain complete control and that even in heterohypnosis the operator does not control the subject.

Metaphors for Bulimia and Anorexia

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INTRODUCTION AND CONTRAINDICATIONS

Yapko (1986) has stressed the potential importance of addressing family enmeshment, perfectionism, poor self-esteem, and distorted body image, and of using behavioral prescriptions as well as hypnosis in treating anorexia. He emphasizes the importance of individualizing treatment to unique dynamics and personality. Metaphors are one important component of his treatment. He stresses, however, that such techniques may be contraindicated in cases when the physical condition of the patient is too poor for meaningful engagement, when the patient is too fragile, unmotivated, or suicidally depressed, or when the patient does not have rapport with the clinician. (*Ed.*)

IDEAS FOR METAPHORS

Erickson (Rosen, 1982) described the habits of a particular species of woodpecker which lives in the Black Forest in Germany. This particular species of bird feeds her offspring a predigested meal by catching beetles, swallowing them, digesting them, and then regurgitating them into the mouths of the baby birds. While this interesting story about a natural phenomenon engages the conscious mind, for the individual with an eating disorder who engages in the bulimic behavior of bingeing and purging, a pattern not at all unrelated to the eating disorder of anorexia (in fact, some refer to these patterns that frequently occur in tandem as "bulimorexia"), the unconscious mind can begin to work on developing the recognition of seemingly strange behavior as purposeful, a strategy of reframing. In the author's own clinical practice, this same metaphor has been used successfully on numerous occasions, with the following additions to the metaphor:

> . . . and in the world of nature, things are so finely balanced . . . and each stage of the life cycle leads to the next . . . and when the baby birds are old enough to obtain food for themselves in order to live their lives naturally . . . and constructively . . . the mother bird no longer needs to self-induce vomiting . . . and that pattern stops naturally one day . . . simply because it is no longer necessary . . . and there are no recorded instances of deviant woodpeckers who keep up a pattern that has outlived its usefulness. . . .

Metaphors may also be utilized to facilitate a recognition of differences between "thin, attractive" exteriors and the overall quality of the individual. Metaphors about glamorous individuals who were dishonest or otherwise flawed may serve this purpose, shifting the personal worth from an emphasis on appearance to an emphasis on personal integrity.

Hypnosis may also be used to facilitate greater awareness of and responsiveness to internal cues about one's physical needs. Metaphors about the various signal systems of the body such as pain, thirst, fatigue, and illness are framed as keys to survival while fostering the recognition that not all signals are easily detected and that many can easily be overlooked if one is motivated to do so. Regression to the initial learning experiences of body signals indicating the need to go to the bathroom, eat and drink may be a useful hypnotic pattern as well. Metaphors, such as the temperature drops that signal winter's arrival to seasonal plants and migratory birds, the signals of sexual

attraction that stimulate reproduction, and the signals through which animals mark their individual territory, may enhance awareness for the vital role natural signals play when properly noticed and responded to. Building a strong awareness for and responsiveness to internal cues as a goal of treatment of the anorectic is necessary not only to successfully treat the anorexia, but also to reduce the chance of an overcompensatory weight gain from occurring once the client begins to eat more normally again.

SMOKING, ADDICTIONS, AND HABIT DISORDERS

INTRODUCTION

SMOKING AND OTHER addictions are some of the most difficult problems that health and mental health professionals treat. A review of the smoking cessation literature reveals an average success rate of about 25% on six- to twelve-month follow-ups with smokers. Clearly there is still much to be learned about curing addictive behavior of all kinds, whether smoking, alcohol and drug abuse, obesity, or sexual addiction.

Although far too many of the published papers on hypnosis for smoking cessation are anecdotal, there is enough research available to at least begin evaluating the helpfulness of hypnosis with smoking. We find that a single session approach with hypnosis (e.g., like the Spiegels') results in about 17%–25% success in most studies (Berkowitz, Ross-Townsend, & Kohberger, 1979; Shewchuk, Dubren, Burton, Forman, Clark, & Jaffin, 1977; Spiegel, 1970), although Stanton (1978) had a 45% success rate and Grosz (1978a) reported 31% abstinence at six months. It is my suspicion that hypnosis fares no better than other approaches when it is used for a single session.

However, when we examine hypnotic treatment programs with a four or five session format, success rates are found to dramatically increase (Holroyd, 1980; Orr, 1970). Crasilneck and Hall (1985) report a 64% success rate on over one-year follow-ups (11% who could not be located on follow-up are included in the failure rate). Using a five session approach, Watkins (1976) successfully treated 67% at six-month follow-up. Comparable abstinence rates of 60% were found by Nuland and Field (1970) after four weekly sessions. In planning a multi-session treatment program, it is recommended that one of the hypnosis sessions be conducted approximately two to three weeks following the first appointment. This counsel is offered because the average number of days between initial abstinence and relapse for smokers has been found to be 17 days (Marlatt, 1985).

Group hypnosis has also been utilized with quite positive effects in most (Kline, 1970; Sanders, 1977), but not all, cases (Pederson, Scrimgeour, & Lefcoe, 1975). When compared with individual hypnotherapy, group hypnosis seems to be somewhat less effective (Barkley, Hastings, & Jackson, 1977; Grosz, 1978a,b; MacHovec & Man, 1978; Watkins, 1976). But effectiveness may be enhanced in group hypnosis by using individualized suggestions and extending the length of group sessions (Holroyd, 1980).

Individualizing hypnotic suggestions to the unique motivations and concerns of patients also appears prominently related to more effective outcome (Nuland & Field, 1970; Sanders, 1977; Watkins, 1976). In fact, a review of hypnosis and smoking literature (Holroyd, 1980) found that four of the five most successful studies emphasized the use of individualized suggestions, while all ten of the reports that achieved less than 40% success utilized the same standardized suggestions with everyone. Consequently, I want to reemphasize the importance of tailoring hypnotic work to the motivations and needs of the patient. The value in providing you with the multitude of suggestions in this chapter (and, indeed, in this book) is in presenting you with many different alternatives for intervening with the unique patients who will seek your services.

It is particularly recommended that you query patients concerning the benefits and payoffs derived from smoking (e.g., to cope with nervousness or anxiety, as a social facilitator, for rebellion and to establish independence, to give oneself an excuse to take a break). Most especially, determine if smoking has been used to cope with feelings of frustration and anger. This has been found to be the most common single relapse event among smokers, alcoholics, and drug abusers (Marlatt, 1985). Addictive patients need help in expressing anger constructively and in engaging in appropriate assertive behavior, rather than creating an altered state of consciousness or distracting themselves with a chemical.

Feelings of low self-efficacy and powerlessness, which may be treated with suggestions for ego-strengthening, also seem to be vitally important in relapse prevention efforts with smoking and other addictions (Candiotte & Lichtenstein, 1981; DiClemente, 1981; McIntyre, Lichtenstein, & Mermelstein, 1983; Rist & Watzl, 1983). Some ego-strengthening suggestions specific to smoking and addictions may be found in the work of several of the contributors to this chapter.

Hypnosis with Habit Disorders

Hypnosis has been successfully used with a variety of habit disorders including thumbsucking, nailbiting, trichotillomania, skin (and acne) picking, tongue thrusting, and bruxism. Suggestions for several of these conditions are contained in sections of the book pertaining to children, dentistry and dermatology. At the conclusion of this chapter, however, you will find suggestions that may be used with nailbiting and trichotillomania (hair pulling).

know that, you may occasionally have, very brief, very interesting, but possibly very peculiar, experiences over the next several hours or days, or even weeks, possibly even months. Every now and then, you might have a sense, of a kind of image perhaps, or a feeling, possibly just the vaguest feeling, of looking, back over your shoulder. Every now and then, you might just have a sudden sense of, looking back over your shoulder at the high, white, walls, of a kind of prison. A prison which, you know, held you for some reason, perhaps long forgotten. But now, you know, you have liberated yourself. You are no longer a prisoner there.

Every now and then, you may have a sudden, odd, fleeting sensation of looking back over your shoulder at the high, white walls of a prison. A prison, that once held you, for some reason. But *now*, you have liberated yourself from that prison. You are no longer a prisoner there. And you can just feel, the delight, of that recognition! You may be able to hear, or even somehow feel the, discomfort, of the prisoners who are still there. And you may probably feel compassion for them. But you can also, *fully enjoy*, the clear air, of your freedom.

ENHANCING SELF-ESTEEM

And you can feel really proud, of your decision to become free, and to remain free. In fact, you may be surprised over the next while, at sudden, fleeting feelings—perhaps familiar, perhaps now—feelings of real pride, and well-being. Pride, that you have chosen, to take care of yourself. Pride that you have chosen, to free yourself. Pride that you have chosen to stand by, what *you* know to be right. And you can even feel pride that you have chosen to let this experience be one, that is calmer, more comfortable, easier, than you may once have expected. You are free now.

You can enjoy the process now, of learning to *live* freely, and of continuing to enjoy the unencumbered experience, of living the way *you* choose; of making even small, freely chosen movements, with your hands, simply because you choose to. You no longer have to do something because, someone else once convinced you that you must. You are now free to choose to care for yourself, and to do so, freely.

FLUIDS AND EXERCISE

And you know that it's very important, beginning now and over the next several days, to care for yourself in other ways, as well. To become more clearly aware of your needs, and to let yourself begin to discover how to satisfy those needs. It's important that you begin to drink more water. It's important that you begin to be more physically active. And you can really *enjoy*, feeling good about your body. As you become more physically active, it can *really feel*, pleasurable, to notice, how well your body works. To notice how freely your limbs can move, to notice how, well your lungs can *begin* to work. To notice how good it feels to be *more* physically active, and to somehow enjoy the, kind of special tiredness you get, from becoming physically active.

SELF-HYPNOSIS TRAINING

I also want to remind you, that *this* experience, right now, of comfort and well-being, this is your experience, not mine. And the ability, to create, this experience, is your ability, not mine. And you can really enjoy discovering how to use, your ability to create this experience whenever you need to. Anytime that you would like to feel, more comfortable than you do, anytime that you would like to feel relief from a sense of stress or tension or discomfort, all you have to do is sit back, in a chair, or a sofa, or a bed—just to rest back, and to take a *very* deep, *very satisfying* breath, and hold it, hold it, for just a moment. And [exhaling] then as you let it *all* the way out, these feelings of comfort, and well-being, just automatically wash over you, like water in a hot tub.

Any time that you feel anxious, or feel a craving, or feel tense, all you have to do is take a *very* deep, *very* satisfying breath, and hold it, hold it for a moment. And then [exhaling] as

you let it *all the way out*, these feelings, of comfort and well-being, just come washing over you, like water in a hot tub.

And you can take comfort in knowing, that if *any* feelings *were* bothering you, they no longer need to. You can take a special kind of pleasure, in knowing, that *you* were able to relieve yourself of that discomfort, very quickly, very easily, and in a way that, can simply make you feel *more* confident, and *more* proud of yourself. You don't have to depend upon anything else, for this kind of comfort.

FAIT ACCOMPLI

You are beginning a process, that will take several days, and some of that time will be *much* more comfortable than others. And I don't know when it will be—perhaps in a week, maybe in a month, maybe even in six months—I don't know exactly when it will be, when you'll just kind of automatically one day look back at this time, and be *so* pleased, at what you have done. To feel *so* pleased with yourself, for what you did, back then.

And now, I'd like you to let yourself rest *even* a little more deeply. And take this experience of comfort, deeply inside you, and *really* appreciate, for the moment, how well you're feeling. Be aware of the excitement that you probably feel, and the anticipation. And when I see you again, I'm going to be very interested, in hearing you tell me, how much more easily the days have gone, than you thought they would.

Hypnotic Suggestions for Smoking Cessation

T. X. Barber, Ph.D.
Ashland, Massachusetts

[Following an initial induction focused on relaxation, calmness of body and mind, and drowsiness, with a sense of so much time:]

Calmness is spreading throughout your mind and body. So calm. Ready to feel and experience new things in a new way, with a calm open mind. Getting the feeling of how good it is to be alive with a calm, peaceful mind. At peace with yourself, at peace with everything around you, feeling so good to be alive.

FEELING ALIVE AND STARTING A NEW LIFE

Beginning to get a feeling of how good it is to be alive, to be conscious, to be able to think and feel and know and understand. To have a mind, to be able to remember and dream and sense and taste and smell and hear and see. To be able to feel, to be fully alive, to have feelings and strength and consciousness. It's so good to be alive, so good to be aware. Starting now, you begin more and more to get a feeling as if you're starting a new life. Starting now, you are going to determine to make your life as good as you possibly can, every day. To utilize all that wonderful energy and health and strength and being that's been given to you. To utilize the consciousness and the intelligence and the awareness and the love and the ability to think and to feel. And to see with your eyes and hear with your ears, and to be fully alive starting now, every day.

Every day determined to live in a new way. The old life will change as you determine that starting now you can live fully, completely, every day. To be more and more determined to live with full enjoyment, with full health, to the utmost of your ability, every day. Every precious day in your life as you determine that you will no longer wish to chance illness or an early death. That was part of our old life where things didn't matter very much. We weren't aware of how good it is to be conscious and aware and fully alive, and to have health and strength and energy, and to live every day fully and completely, and to enjoy everything around us.

Starting today, you begin to get more and more the feeling that you have just come to earth. You're starting to live in a new way. Starting a new life. You begin to see everything again as if it's fresh and new. You begin to see your body and mind again in a new way, as if

you've forgotten how wonderful it can be to be alive, and to feel good and strong and healthy, and to know that you are doing your utmost everyday to live fully. You begin to enjoy every day, the stars, and the sun, and the sky, and the birds, and the trees. And every person you meet, you see them in a new way. You begin to feel so good to be alive.

SUGGESTIONS FOR SELF-HYPNOSIS AND RELIEF OF TENSION

Whenever you feel any signs of tension, you'll be able to relax by taking a deep breath, and breathing out slowly as you hear these words deep in your mind: "I can be calm. I can be relaxed. I can feel so good to be alive." Whenever you have any thoughts that bother you, or any tensions or any feelings of tension that lead to smoking, you'll be able to overcome them by taking a deep breath, breathing out slowly, and feeling yourself relaxing. As you hear these words and say them to yourself: "I can be calm. I can be relaxed. I can feel so good to be alive."

INCREASING MOTIVATION

Starting now and every day, you'll feel so good, as your determination increases that you're going to live in a new way with full health, with full capacity, with full enjoyment, knowing that every day you're doing your best to live fully, to fulfill whatever reasons you were placed on this earth, to fulfill them for yourself and everybody you love. Starting now, you will no longer wish to chance illness or an early death. In fact, as time goes on, you'll begin to enjoy living more and more each day. And smoking will become less and less important, very quickly. Smoking will seem more and more silly, more and more something you learned to do many, many years ago when you were young. You learned to smoke to feel big and part of a group, to be like others. But you don't need that anymore. You are now mature. You are now free. You don't need that anymore. In fact, as time goes on, smoking will seem so trite. It will seem kind of silly. You will feel so sorry for people who smoke as time goes on. You will begin to become as aware that people who are smoking are chancing illness and early death, that in a way they are almost willing to commit slow suicide. That they don't really care about themselves and about life and about being fully alive, and really living. And they just don't know.

SUGGESTIONS FOR SELF-TALK AND INTERNAL DIALOGUE

You'll hear yourself saying things like: "I'm so glad I don't smoke. I'm so glad that I've stopped smoking. It's so good to feel strong and healthy, and to know that I've had the strength to conquer this miserable habit." When you see other people smoking, you'll feel very sorry for them. You'll feel so sad that they are willing to chance an early death or sickness because of such a habit. You'll feel so sad when you see people who smoke.

Starting now, your determination rises to live fully every day, to enjoy every day as much as possible, to live your life as fully every day as you possibly can. Smoking will become less and less important, and whenever you think of a cigarette or anybody offers you a cigarette or you smell cigarette smoke or have any associations to cigarettes, you'll hear in the back of your mind: "STOP!" And you'll hear it very, very strong. It may be my voice, but it will combine with your own background voice, the voice in your own mind saying, "STOP, I don't need it anymore. I'm no longer a puppet, I don't need to smoke the way I learned to. I had to learn to smoke years ago, but I've outgrown that now. I'm no longer a child. I'm no longer a puppet. I now control my life. I start living today fully, completely, enjoyably, with all my powers, knowing that every day I will do my best to live as fully as I possibly can for myself, for everyone I love, and for the meaning and preciousness of life."

So whenever any thought of smoking comes to your mind, you'll hear these words in the

back of your mind: "STOP! I don't need it anymore. I am free." These words will become stronger. This STOP will become stronger and stronger as time goes on. And you'll hear it and you'll take a deep breath. And as you breathe out slowly, you'll relax and you'll feel calm and relaxed, and good to be alive.

Starting now, more and more every day, to become more and more aware. You have decided and determined to make your life, that one precious life that you have, complete and full, and to fulfill all the potentials, all the beauty, and strength, and health, and love that you have. As this determination gets very, very strong, you will think of smoking as more and more trite, and more and more silly. And you'll feel more and more sorry for people who smoke. And a strong thought will be in the back of your mind: "I don't smoke. I'm not a smoker anymore. I've stopped. I shall live all my life with full health and enjoyment." As time goes on, you'll be able to utilize this as you hear the word "STOP." You'll hear it strong in the back of your mind. You'll take a deep breath and breathe out slowly and feel yourself relaxing as you hear these words: "I can be calm. I can be relaxed. I don't wish to smoke anymore." As life goes on you will find it can be so good as you feel the strength, and health, and full vitality of your being coming to the fore more and more every day.

Let these thoughts now go deep into your mind as you become more and more alert. Quite alert now, you are becoming very alert as you open your eyes.

Hypnosis and Smoking: A Five Session Approach

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INTRODUCTION

This an individualized method of treatment aimed at the reduction of smoking which is based on the motivations of each client. Specialized suggestions and specifically tailored fantasies are then initiated to undermine rationalizations and to reinforce the person's commitment to stop smoking. Six-month follow-up rates with this approach are 67% still not smoking. (*Ed.*)

SESSION I. A smoking history is obtained to determine the client's reasons for smoking, why he wants to stop, under what circumstances he smokes, how much, what feelings he derives from smoking, how long he has been smoking, and what happened when he tried to stop previously. In addition, information is obtained about any pertinent medical history, any emotional disturbances of significance, and relevant medication.

Between the first and second appointment, the history is studied and about three suggestions and two visual images are chosen and typed on cards. These are read to the client in the subsequent sessions. The cards feed back to the client his own reasons for quitting, attack rationalizations for smoking, provide substitutions and undermine his motivations for continuing the habit. Examples of suggestions that were designed for one particular client will be presented below.

SESSION II. Self-hypnosis is taught with his hand stretched out above eye level, focusing on the finger of choice. It is suggested that the more he concentrates on his finger, the heavier the hand becomes, and as the hand becomes heavier it will move down to a state of relaxation, but he will not enter a deep state of relaxation until the hand is all the way down. When the hand is down, he is relaxed more through the suggestion of muscle relaxation, abdominal breathing and imagery. In this relaxed state, the cards are read to him. After that he is given about one minute to meditate about all the ways he can fight the smoking habit. Then self-arousal is suggested by silently counting up to five.

At the end of the second session, the client is asked to phone in each day to report his

progress. These daily phone calls are important to allay fears of failure, give support, and provide suggestions to root out trouble spots. It is also important for the therapist to make a commitment: "If you don't phone me by 10:00 p.m., I will call you." Such commitment provides an alliance against the enemy—the smoking habit.

SESSION III. This session involves repetition of the previous session, exploration of any smoking behavior, along with support, plus the use of appropriate therapeutic measures to correct problem areas that continue the habit. For example, if dealing with anger is a problem area, then the client is helped to release anger in a constructive way.

SESSION IV. Self-induction is done by the client along with learning the suggestions and visualizations on the cards. Between the fourth and fifth session, the client is asked to practice the self-induction daily.

SESSION V. The client is asked to repeat the self-induction technique, rephrase the suggestions in his own words, picture the imageries, meditate, and arouse himself to complete alertness. This technique is now a tool the client can use in the future should he have the desire to return to smoking. At the end of this session, the client is told that the therapist will send him a questionnaire periodically for one year to determine his smoking status.

RELAXATION SUGGESTIONS

You tell me that smoking calms your nerves, that (1) it is relaxing and settles you down, but what's so good about a cigarette that (2) shortens your breath, and gives you a dry, cotton feeling in your mouth? A cigarette may seem relaxing because you pause to reach for a cigarette, remove it from the pack, light it, and take a deep inhalation. It gives you a tension-free relaxing moment. But there are other ways to get the same effect, the same relaxing moment. I'm going to teach you a substitute way to get the same effect, by taking a deep breath in, letting it out slowly and telling yourself to relax. Do that now. Take a deep breath in, let it out slowly and tell yourself to relax. [The numbered inserts apply only to this client.]

VICTORY SUGGESTIONS

You tell me you want to feel a sense of victory over your smoking habit—a sense of willpower and self-control—a feeling of winning over this vice. You can have this feeling by doing the following: Every time you pick up a pack of cigarettes and then put that pack down again, this feeling of victory will come over you. You will feel good and strong. It's like winning one battle after the other. Each time you repeat this behavior of saying no to a cigarette, either in fantasy or reality, you will be winning one battle after the other until the final victory—the victory over your smoking habit. [I have the client experience this scene in fantasy. The good feeling he derives from putting down the pack is the immediate reinforcement which tends to increase future probabilities of his actually putting down the pack without smoking. This is in line with current behavior modification theory.]

ANGER SUGGESTIONS

You tell me that you smoke to put a damper on your anger and frustrated feelings. You can see that smoking is one way you handle anger, but you and I both know that smoking is no solution to this problem. Smoking ends up hurting you physically and it cannot discharge or control your feelings. If you are angry at someone, express those feelings in a constructive way. If this is not appropriate, then release your anger via exercise, or beating a pillow, or imagine you have a small rubber ball in your hand and knead it as you would dough. Try that now. Just imagine there is a soft rubber ball in your hand and squeeze it. Keep working the ball until your hand is tired.

COST IMAGERY

Cigarettes cost $ _____ a pack. You tell me that you smoke up to two packs a day. That means you pay at least $ _____ a day for cigarettes. Multiply $ _____ by 7 and the result is $ _____ a week. If you multiply $ _____ by the number of days in a year, then the total amount you are paying for cigarettes in a year is $, and for what? For a habit that makes you miserable. Wouldn't you like to use that money for something else—for something that would make you happy instead of miserable? If you stop smoking you deserve to spend the money you save by buying something that won't go up in smoke. Think now what you would like to buy with the $ _____ you would save in a year's time, something perhaps that you have always wanted but felt it was too much of a luxury. In your imagination right now buy this item, and experience using it. Feel the pleasure you derive from it. Experience this pleasure while I am silent for a minute. [In this imagery, I motivate the client by picturing a desirable long-term goal to which he can commit himself. If so inclined, I suggest to him after arousal from the relaxation that he save the money he doesn't spend for cigarettes in a glass jar and watch the money accumulate daily.]

DAY-OF-NOT SMOKING IMAGERY

Imagine that the day has come that you no longer smoke. You are walking across campus to this building. The air is fresh; the sun is shining; and it's a beautiful day. You woke up this morning feeling good about yourself and your world. You like the way you're handling your life. For one thing, the feeling of being a slave to a cigarette no longer haunts you. *You* are in control, not the cigarette. You have more energy; your throat is clear; and you know your lungs are clearing. You feel great, and the more you think about how good you feel, the more energetic your step becomes. Continue walking across campus now while I am silent for a minute.

EXCUSE FOR A BREAK

Suggestions may be given justifying a break without smoking.

SOCIALIZATION

Suggestions may be offered showing that a cigarette interferes with socialization in that it separates the smoker from the other person, making listening and sharing more difficult. Client fantasizes intently listening to someone without a cigarette.

PACIFIER

Clients who use cigarettes as a pacifier may have suggestions customized to them denying emotional control and safety via cigarettes.

KEEPING HANDS AND MOUTH BUSY

For clients who use cigarettes to occupy their hands, substitute activities may be suggested.

IMAGES

The following images may be used with one minute of concentration at the end of the description.

1. *Hospital scene.* Describing hospital setting sometime in the future with patient lying in bed listening to the doctor saying, "I'm sorry , but I can't do much for you now. I told you years ago you should stop smoking. Too bad you didn't. All I can do now is give you medication for temporary relief."
2. *Exercise.* Aversive experience of hiking, becoming short of breath, sitting down, panting, and putting out a pack of cigarettes, then making the connection between the panting and the cigarettes.
3. *Tobacco smell.* Aversive experience of tobacco smell on clothes, furniture and dirty ashtrays.

Smoking Control

David Spiegel, M.D., and
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Stanford, California; New York, New York

The essence of our hypnotic instruction for smoking control is the following: (1) For my body, smoking is a poison; (2) I need my body to live; (3) I owe my body respect and protection.

This dialectical restructuring strategy is expanded upon during the hypnosis:

1. For my body smoking is a poison. This point is especially important because it emphasizes that fact that smoking is not so much a poison for you as it is quite specifically a poison for your body. Your body is like a trusting, innocent child that has to take into it anything that you put into it even if it is damaged by it. Like an infant, your body cannot tell you in words that it is being poisoned. It tells you through the symptoms you experience, the cough, the shortness of breath, the chest pain. These are your body's ways of telling you it is being poisoned by cigarette smoke, so "For my body, smoking is a poison."

2. I need my body to live. Your body is the precious physical plant through which you experience life. You are not the same as your body but you cannot live without it, so "I need my body to live."

3. I own my body respect and protection. This point emphasizes the fact that for you to do what you wish to do with your life, you need to treat your body in such a way that it can enable you to do it. You cannot put sugar in the gas tank of your car and expect it to drive you into the mountains. Likewise, putting poison in your body hampers its ability to enable you to do what you wish to do, so "I owe my body respect and protection."

Subjects are instructed to practice this exercise every one or two hours at any time they have an urge to take a cigarette. In this way they are instructed to restructure their approach to the smoking problem by concentrating on an affirmation experience, i.e., protecting their body from poison, rather than fighting smoking.

Suggestions for Smoking Cessation

Harold B. Crasilneck, Ph.D., and
James A. Hall, M.D.
Dallas, Texas

You will not crave excessively for a habit negatively affecting your health. . . . Your mind can block the perception of discomfort, as when your finger felt insensitive to the pressure of the sharp nail file. . . . Your mind will function in such a manner that you will no longer crave for a habit that has negatively affected your life with every drag of cigarette smoke you have taken into your lungs. . . . You will block the craving for tobacco . . . a habit that is causing your heart and your lungs to work much harder than necessary, forcing your lungs to labor beyond all necessity, stressing and straining these vital organs . . . like a car constantly driven in low gear . . . constantly laboring uphill . . . stressing and straining the motor. . . . But because of the great control of your unconscious mind, the craving for this vicious and lethal habit will grow steadily and markedly less until it rapidly reaches a permanent zero level. . . . You simply will not crave for cigarettes again. . . . You will be relaxed and at ease, pleased that you are giving up a habit which has such a negative effect upon your life and well-being. . . . You are improving your life by giving up cigarettes and you will continue to do so. . . . You will not smoke cigarettes again. . . . You will not be hungry or eat excessively . . . your craving will reach a permanent zero level . . . through the virtually omnipotent and godlike power of your unconscious mind, you can and you will be able to resist a craving that is harmful to your body . . . you will treat your body with kindness and consideration . . . your body that

serves you so unselfishly . . . you will no longer consciously or unconsciously choose to impose this undeserved burden of smoking on your heart, your lungs, your circulation, and the vital organs of your body . . . you will treat your body with kindness, as if it were your closest friend . . . you will find that through the immense power of your unconscious mind you will be able to overcome this old, outgrown, outworn addiction, which we now know, statistically, robs you of four minutes of life with every cigarette you smoke. . . . You will be able to give up this dirty and unhealthy habit. . . . As you permit your body to rid itself of this undeserved burden of smoking, your lungs will again become efficient, your red blood cells will carry more oxygen to all your vital organs, you will feel more alert and alive . . . and you will have a justifiable sense of pride for having worked toward and accomplished this important, healthy, worthwhile goal. . . . You are no longer a smoker, you are using your own free will, you are treating yourself in a healthy, proper manner. . . . You will not be excessively nervous or tense . . . you will not gain excessive weight . . . you will exercise, you will walk a mile a day, if your physician approves . . . you will sleep well . . . your craving for tobacco will be minimal and will rapidly decline to a zero level at a rapid pace.

Smoking Cessation

Richard B. Garver, Ed.D.
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RESPONDING TO CONDITIONED ENVIRONMENTAL CUES

We structure hypnosis for smoking in three sessions. The first two sessions occur on consecutive days, the third session is held two weeks later. In the first session, a history is taken, followed by determining how much the patient has smoked, how long, and how many packs/day. Then it is determined when the patient smokes (for instance, when first awakening in the morning, with a cup of coffee, while driving to work, arriving at work, on the phone, during stressful times, after meals, etc.). These times and situations in which the patient smokes are explained to the patient as environmental cues which trigger the smoking response. Then, during the hypnosis session of the first day, it is suggested to the patient: "When these environmental cues occur, there will be another unconscious program that will respond, instead of the smoking program. An unconscious non-smoking program will respond, to be relaxed, calm and comfortable, without a cigarette." In each of these situations, this new response ("relaxed, calm and comfortable, without a cigarette") is paired with each one of these environmental cues. The patient is also told that, "There will be no other unconscious substitute, other than the one that we have agreed upon. No other substitutes, such as increased eating, or drinking, or nailbiting, or any other unproductive behavior. You may have no urge whatsoever to smoke when this new program of being 'relaxed, calm and comfortable without a cigarette' works perfectly. However, there may be times that the old smoking program will respond as well and you may have an urge to smoke. If you do, you are to say, 'No,' and if necessary, take a few deep breaths which will reduce the urge noticeably, if not eliminating it, but certainly reducing it to a tolerable level."

When the patient returns on the second day, all of these situations are again discussed. Usually, in over half of the response situations, the patient has been relaxed, calm, and comfortable without any urge to smoke. At the times when there is an urge to smoke, usually it is tolerable, and when met with the decision, "No," and with a few deep breaths, the urge disappears. Any urges that persist are identified as difficult times, and during the second hypnosis session, these times which were teased out as being the more difficult ones are now given special attention and the unconscious mind is asked to give the patient additional help and

reinforcement at these times. It is suggested to the patient: "Day by day this new program gets stronger as it's being used, and the old smoking program gets weaker since it is not being used. The new one is stronger, the old one weaker, until the new one replaces the old." This sometimes is completed within a few days, and other times it may take two or three weeks.

SELF-HYPNOSIS TRAINING

At the end of two weeks, the patient returns for a session in which he/she is taught self-hypnosis, which should help him/her during any specific times that have remained difficult. It is explained that he will be able to use the self-hypnosis technique in many other situations. Reference is made here to the article that I published (Garver, 1984). The eight steps proposed there have been modified to six simple steps that I go over with each patient. The steps are designed for the patient to do the self-hypnosis exercise in one minute or less, and to limit the conscious screening that often occurs (e.g., thinking too much about the suggestion before it is given and critically thinking about it after it is given).

The six steps are as follows: The first step is to plan the suggestion before going into hypnosis. This reduces the tendency, once in hypnosis, to do too much thinking. It is also suggested that patients plan the suggestion, thinking about the event or time that they are planning, which should ideally be within the next hour or two. They are instructed to think of themselves in the situation, responding to the situation exactly as they would like to respond. For instance, suppose they are concerned about an important meeting and being too anxious or nervous. Instead of saying that they will not be anxious or nervous, they will picture how they would like to respond, and the positive suggestion may be given: "I will go to that meeting and I will feel comfortable. I'll feel relaxed, calm, and in control, and will remember everything that I have planned for."

After the planning of the positive suggestion, the second step is the entry cue. This is a cue that they learned for entering hypnosis (for instance, to focus on a spot, take a deep breath and hold it, release the breath, and let their eyes close). Once in hypnosis, the third step is to count slowly backwards from 100 to 95. When they are counting, they cannot be thinking or worrying about the suggestion. As soon as the number 95 is reached, the suggestion is given (Step 4) as it was planned, in a positive and simple statement. As soon as the suggestion has been given, the fifth step is to count 95, 94, 93, 92 91, 90. When they are counting, they cannot think about or criticize the suggestion. As soon as the counting reaches 90, the exit cue is given. This may be any exit (awakening) cue that the patient has learned to come out of a hypnotic state.

These six steps are explained intellectually to the patient, and then modeled while the patient observes. Next, the patient is taken step by step through these self-hypnotic procedures before he leaves the office.

Suggestions Regarding Smoking

Steven Gurgevich, Ph.D.
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GENERAL INSTRUCTIONS

A patient's program for smoking cessation begins in the waiting room, where there is a conspicuous sign that says, "If you still enjoy smoking, ashtrays are located in the patio." The smoking cessation program involves seeing the patient on three consecutive days with a follow-up in one week. He or she is also asked to make telephone calls to the office/answering service on a daily basis upon arising each morning to announce, "This is , I am not smoking today."

SUGGESTIONS

After the patient is able to demonstrate trance phenomenon (e.g., arm levitation,

hypnoanesthesia), the following suggestion is offered:

Today, I don't know how long you will wait to discover the pleasure of non-smoking. Today, I wonder how long you will wait to discover the pleasure in non-smoking.

When you began smoking, you taught your body to suppress its natural reaction to burnt tobacco particles. Now you may begin to forget those unconscious instructions and allow your body to remember what it does best. I don't know if your body will go back to coughing out uninvited guests. . . . I don't know how badly burnt tobacco will smell within your nose. . . . I don't even know what your unconscious mind will begin associating to tobacco particles as you begin enjoying fresh, clean air.

These suggestions oftentimes are embellished with visualizations of linings of the lungs, bronchial tubes, etc., and with greater detail of the suppression process that was achieved in order for the patient to become a successful smoker. This allows for associating achievement and success to non-smoking with greater ease, as it can now be viewed as a natural state that preceded his conditioning as a smoker.

Suggestions to Modify Smoking Behavior

Harry E. Stanton, Ph.D.
Hobart, Tasmania, Australia

INTRODUCTION

Stanton (1978) outlined his one-session approach to smoking cessation. He begins with ego-enhancing suggestions "that the patient will feel physically healthier, more relaxed, more calm and unworried, more self-confident, self-reliant, independent, and be able to think more optimistically and positively." He then feeds back to the patient his own reasons for wanting to stop smoking. More direct suggestions concerning smoking are then given. (*Ed.*)

SUGGESTIONS

You are confident, completely confident, that you are going to overcome the cigarette smoking habit. . . . You will be able to let go of the habit so easily. . . . You will wonder why you ever bothered to smoke. . . . You won't miss smoking at all. . . . From this moment on, whenever you think of having a cigarette, if you automatically reach for one, if someone offers you one, you will say "No" . . . a voice will echo through your mind, "No! No! No! . . . Smoking is a foolish, stupid habit . . . it hurts me physically. . . . it damages my health. . . . I am not going to smoke again." You will completely overcome the cigarette smoking habit. . . . You will find you are able to do this. . . . Know in your mind, now, that you will be able to do this. . . . It is easy and you can do it. . . . Your mind can and should control your body. . . . When you stop smoking, and you can do so from this moment, you will feel physically better, healthier, your breathing easier, your senses sharper . . . and you will also feel mentally better, pleased that you have been able to control your body . . . happy that you are in control . . . happy that you are strong enough to stop smoking so easily. . . . You do it, not me. . . . It is your triumph . . . your victory. When you see others smoking around you, you will feel delighted that you don't smoke. . . . You'll say to yourself, "I'll never smoke again . . . the sight and smell of cigarettes is unpleasant . . . I haven't any desire to smoke at all. . . . I have no need to smoke . . . it doesn't help me in any way and I feel so much better when I don't smoke."

Make your decision now. . . . You will completely overcome the cigarette smoking habit and stop smoking now . . . and you will never smoke again. . . . It is easy and you can do it. . . . You will feel no sense of loss or unhappiness . . . instead you'll feel good, happy, proud of yourself. . . . Once you make this decision to stop smoking, no force will be able to change this decision. . . . You will be completely confident that you will stop and stop permanently.

You don't need to smoke cigarettes. . . . From now on, if you think about smoking, and this will happen very infrequently, you will immediately take a deep breath, let go and relax, and you will realize in your mind that you don't need to smoke. . . . You are in complete control and your decision to stop smoking cannot be reversed.

FURTHER TECHNIQUES

[Stanton's (1978) approach next utilizes Walch's (1976) red balloon technique, imagining throwing cigarettes one at a time into the basket of a hot air balloon, symbolizing throwing away all needs, desires and wishes to smoke. The balloon then floats away, carrying away desires to smoke. Finally, Stanton had patients imagine coping imagery in situations where they used to smoke. (*Ed.*)]

Another visualization is to have the patient imagine himself in a room, writing on a blackboard. The blackboard is divided into two halves and on the lefthand side he writes a reason for smoking. Once he has done so, he imagines himself erasing what he has written. On the righthand side of the board he then writes, much larger, a reason why he should stop smoking, and this he leaves intact. He then goes back to the lefthand side of the board and writes up another reason for smoking and again wipes this out immediately after he is finished putting it up. This process is repeated, and the end result is a blackboard with a blank lefthand side and a righthand side containing a number of reasons written largely why the patient should cease smoking.

Suggestions Applicable for Smoking, Obesity, and Other Addictive Behaviors

Doris Gruenewald, Ph.D.
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INTRODUCTION

It is to be understood that all suitable preliminaries (e.g., pertinent history, reason for referral, motivation, discussion of hypnosis, questions pertaining to it, etc.) have been observed. Suggestions are given following the induction of hypnosis. [Appropriate pauses should, naturally, be included to allow imagery and perceptions to develop. Head nods or ideomotor finger signals may also be used to alert the therapist to the pace of the patient's progress. (*Ed.*)]

CHECKING MOTIVATION AND OBTAINING COMMITMENT

Imagine a cigarette on the desk (or table) in front of you . . . one single cigarette. And as you look at it more and more intently, you notice a curious thing happening. The cigarette seems to be moving, ever so slightly, in the direction away from you. It's moving just a little, but noticeably. You become more and more fascinated as you relax even more deeply, watching the cigarette moving away from you, as if pulled by an invisible force. It's moving, moving. [Keep repeating these suggestions as indicated.]

You begin to realize that soon it is going to reach the edge of that desk (table). You have the thought that only you can allow it to fall off, or to stop it from falling off. The thought keeps occurring to you that only if you are really and genuinely ready to quit smoking can this cigarette fall off the desk (table). You know, without any great surprise, that once it has fallen, that's the end of your smoking. This cigarette stands for all the cigarettes in the world that could be yours to smoke. But when you let it fall off, you know that cigarettes will no longer exist for you.

SPECIAL ROOM WHERE SMOKING DOES NOT EXIST

[After using a stairway or escalator technique for deepening, the patient enters a special room.] Make yourself comfortable in this very special, beautifully furnished and appointed room. As you do, you notice that there are no

ashtrays, and it dawns on you that you have entered a place where smoking does not exist. Not just that you have to refrain from smoking while in this room. On the contrary, this room is a space where smoking just does not exist. That thought gives you a great feeling of peace and serenity. You realize, dimly at first, and then more and more distinctly, that you have acquired (created) a space inside you that will be forever yours . . . and into which you can go (retreat, withdraw) any time you need to do so . . . whether it is to turn away from the . . . inevitable temptation to smoke . . . or for some other reason, like unwinding, becoming relaxed and at peace with yourself, or whatever.

The idea of this room, and you know and accept that it is an idea, will remain with you from now on, for you to make use of at your own choosing. You will not have to go into hypnosis to do it. All you need is to let yourself think, "my room," and all that you are now experiencing will arise, like an echo of this situation: the ambience, the relaxed feeling, the realization of an environment where smoking does not exist to you . . . even if you are in a room or other place with people who smoke . . . that need not concern you at all. [Expand on these suggestions, if appropriate.]

STOP SIGN IMAGERY

[The two modules of suggestions above may be used singly or in combination. In either case, preface these suggestions, or add to them the image of a stop sign which arises as soon as an urge to smoke is experienced. That would include reaching for a pack, going out to buy some, getting ready to light up, etc. (Of course, cigars and/or pipe smoking are included.) The stop sign is intended to introduce a delay factor.]

As you heed that stop sign, you have a little time to think whether you really want that cigarette . . . and mostly your answer will be "no" . . . and the urge passes . . . until the next time . . . when you will repeat the "stop sign" procedure.

[This technique is in the interest of reinforcing the patient's sense of control. In suitable cases, I may add provision for less than complete success—"if occasionally your answer is 'yes,' it does not mean that you failed—it just means that this one time it didn't work, and you started over again."]

APPLYING THESE SUGGESTIONS TO OVEREATING

The suggestions above lend themselves to adaptation for control of overeating. However, during treatment it must be brought out that food is necessary for life (in contrast to smoking, etc.) and should be enjoyed. The focus should be on control of what is eaten and when, with emphasis on dietary knowledge, thorough chewing, a more leisurely pace, etc.

EGO-SUGGESTIONS FOR FEELINGS OF ACHIEVEMENT

[In the case of other addictions, the complete absence of the substance in question must be reinforced. The pleasure issue is addressed as follows (or with some variant thereof).]

You can take great pleasure in your growing ability to do what you have decided to do. There will be a sense of real achievement, so much greater than any feeling of deprivation that you are very likely to experience at times. Your joy in gradually or even suddenly achieving your goal outweighs everything else, even in the face of an occasional setback which is almost inevitable. If that happens, it is, and can be experienced as, an isolated incident. It does not spell the collapse of what you are building up, only a small interruption.

[Conclude with repeating the main points, placing emphasis on what appears prominent in the individual patient. Where indicated, be sure to instruct the patient to continue or seek out medical consultation.]

Suggestions for Rational Self-Talk for Smoking and Other Addictions

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INDICATIONS

A prominent cognitive therapy method for facilitating impulse control is "self-talk." Rational-emotive therapy and other cognitive approaches stress the importance of undermining irrational self-talk by patients and replacing it with positive internal dialogue. Any of the kinds of suggestions given at a conscious level in these therapeutic approaches may also be given or reinforced in hypnosis. The following suggestions, modeled after concepts of Albert Ellis, seem particularly indicated with patients who engage in negative, self-defeating internal dialogue. Furthermore, some patients are more intellectualizing and seem to prefer approaches that emphasize rationales rather than the stirring of emotions. These kind of suggestions may be particularly helpful with such patients. The reader should also refer to "Hypnotic Strategies for Managing Cravings," found in Chapter 12.

SUGGESTIONS

It's interesting to realize, how we sometimes deceive ourselves. Some people tell themselves, "This is *too* hard," when they feel the urge to smoke. Occasionally, briefly, momentarily, it can be hard, but what makes it *too* hard? Naturally it can sometimes be difficult to learn new habits, but you've done many difficult things before. [Pause] The only thing that makes not smoking "*too* hard," is our irrationally telling ourselves that it is. So remember, there may be a few times when it is briefly hard to remain a non-smoker, but it's not *too* hard. In fact, I wonder if you'll be surprised to notice, how much easier it is to stop smoking, than you'd imagined it would be.

Occasionally when something is difficult, some people say to themselves, "I can't stand it," and then give in to a tempting urge. They are deceiving themselves. Of course they can "stand it." When we choose not to smoke a cigarette, we're not going to explode. We won't evaporate. For the first few hours, choosing to respect our bodies, may not be entirely pleasant or *completely*, easy, but we *can* stand it. There is no logical reason why life *should always*, be perfectly comfortable, and completely pleasant. But when we choose to do things that are not entirely easy, we grow as people, and you feel good about yourself. Remember, you don't *have to* have a cigarette when you feel a momentary urge to smoke. You don't *need* it. You briefly *want* it for a moment, *but* you also *want* to respect and protect your body, and [cite patient motivations]. So you can admit an occasional, brief urge to smoke, but then choose to ignore it and respect yourself.

Suggestions for Smoking Cessation

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INTRODUCTION

Wester advocates an approach that is individualized to the patient. Suggestions illustrative of his method are reprinted below. A very positive aspect of his approach is that he has patients send progress postcards for 10 days, and six-month and one-year follow-up cards. Examples of postcards that have been received from patients who had positive responses are reviewed at the end of the session. (*Ed.*)

INCREASING MOTIVATION AND DECREASING WITHDRAWAL

As you are enjoying that experience with your conscious mind, your subconscious is now very aware. You are going to experience some

interesting things in the next few days and for weeks to come. You don't have to try to figure out why—just enjoy what your subconscious mind is doing for you. Your motivation to quit smoking is going to be higher than it has ever been. Each day you will find yourself feeling more relaxed, comfortable, confident and very much in control. There will be less tension, less anxiety, less tightness and little or no withdrawal. As a result of being more relaxed, confident, comfortable and in control, there will be no need for a cigarette.

RESPECT YOUR BODY

Your subconscious is also going to remember something very important. Your body is very important to you and you need your body to live. You want to respect and care for your body. Smoking is a poison to your body. Since you do not want to poison yourself in any way you will stop smoking immediately and continue to be an ex-smoker. Remember, your body is important to you and you need your body to live.

AVERSIVE SUGGESTION

[This suggestion is not necessary in all cases. Use it when the patient tells you that something strong is needed to get him/her to quit.] We know that if you took a regular drinking glass (8–10 oz.), filled it completely with tar and nicotine from cigarettes, and drank it, you could be dead before 12 minutes. You do not want to poison yourself—even slowly—and therefore will stop smoking immediately and remain a non-smoker. [Positive motivations elicited from the patient may be introduced at this point.]

In addition to respecting your body, you can feel so proud that you are now in control and no longer subject to this bad and dirty habit. Everywhere you go people will appreciate the fact that you are not smoking—no longer making people feel uncomfortable.

TIPS FOR NEW EX-SMOKERS

Over the years, I have found that a personal approach enhances the hypnotic procedures. At the end of the hypnosis session, I give all of my patients the following "Tips for New Ex-Smokers." I go over the list step by step making special suggestions based on the history.

1. Clean and store away all ashtrays.
2. Exercise if there is any withdrawal tension. Check with your physician regarding proper exercise if you have any health problems.
3. If there is an urge to smoke—sit down and relax, take a deep breath, hold it for 5–10 seconds and release it slowly.
4. Increase fluid intake—juice, water, diet drinks, etc. (no caffeine).
5. Decrease caffeinated coffee and alcohol.
6. If needed, get a supply of sugarless gum or use carrot/celery sticks if you feel you need something in your mouth. 7. Talk with another non-smoker or someone who has recently quit for any positive strokes.
7. Send your daily postcards for 7–10 days.
8. Keep thinking—"I am now an ex-smoker."
9. Call if you have any problem. Do not smoke that first cigarette and you will be fine.

Aversive Metaphor for Smoking

Marvin Stock, M.D.
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INDICATIONS

There is an emphasis in modern hypnosis on using positively focused suggestions. Nonetheless, particularly when more positive methods are not entirely successful, and when the patient has high hypnotic talent and is capable of experiencing ideosensory phenomena, aversive suggestions may potentially contribute to fa-

vorable outcomes. Aversive methods also seem indicated when they are congruent with the patient's expectations for therapy. Dr. Stock has offered us an indirect, subtle option for conveying aversive suggestions. Note the interspersed suggestions that appear in italic. They may be set off by a very slight emphasis, different tonal quality or pause. (*Ed.*)

METAPHOR

Years ago, while I was a medical student at the *U* of Toronto, after being virtually *locked in* . . . by a *dark* and *dirty* winter . . . I was determined to get away . . . to make a complete *change* . . . from all that *dirt* and slush.

By March, I had assessed the options . . . and I chose the outdoor *freedom* of farm life. I arranged a contract from May 15 to August 15 . . . on a mixed farm . . . which happened to be in the middle of tobacco growing country. After being *stuck* . . . in the *dirt* and dark . . . *what a welcome relief it was . . . the broad expanse of sky . . .wide open spaces . . . fresh air.*

There was so much I enjoyed about the life. The arrangement between the farmer and the land . . . he *cared* for the fields . . . and they grew crops for him . . . the arrangement with the barnyard animals . . . in return for feeding . . . *looking after* their stalls . . . they would provide all kinds of *amusement* . . . and *work hard if called on. The beauty and strength of those work horses . . . and how well they responded to control* . . . such a contrast to the noisy and *smelly* tractor.

And I still think about the evenings; the work of the day completed. And you know what it is like at 8:00–8:30 p.m. in June or July. The light is golden . . . it slants across the fields casting long shadows. The birds are quieting down. I'd usually take a walk . . . from the house . . . down the lane to the road . . . five or six dogs as companions . . . it was all so peaceful and quiet. On my right there was a ten acre field of wheat . . . made more golden by the light. I could follow the course of the breeze across the field . . . a constantly changing wave pattern tilting the wheat before it . . . and as it did so, carrying the sound of gently rustling heads of wheat . . . carrying the sweet scent of the hay. Whether it was the beauty of the time . . . or the peace and quiet . . . it was a golden *opportunity* to *think* . . . about the *day* . . . the *future.* When the lane reached the road . . . I would usually turn right . . . prolonging the walk beside the bright gold wheat.

The character of the countryside abruptly turned *somber* when I reached the first of the many tobacco farms in the area. Now if one of the dogs would dash after a ground hog into the tobacco field and not return . . . I would have to *crawl* through the fence to fetch it. Walking the furrows between the tobacco plants . . . I observed many *unexpected* things. For example, the *grayish stain on the leaves* . . . the residue of the chemical *sprayed to* kill *fungus.* There were regular spraying days. When we were downwind, the spray made us gag . . . *and five-year-old Henrietta would always* vomit. *Now the tobacco leaf is broad . . . so birds flying over the field* inevitably spatter the leaves *with the pale green of their droppings. In the slanting evening light, there were* long shadows *cast by the* half-eaten bodies *of grasshoppers . . . bees . . . flies . . .* caught *and* lying suspended *in the cobwebs* fastened to the leaves. I made certain they wouldn't stick to my pants by walking around them.

And you know those little drying houses called kilns [pronounce "killins"]? Sometimes the door was left ajar and if the dog chase ended there . . . I found it unpleasant to enter because the frightening bats were flying wildly about . . . I thought they might stick in my hair. Now the tobacco leaves hang to dry from the lines . . . as they age, they *wrinkle* and turn *yellowish-brown. You can see where those bats had been sleeping . . . for the leaves below are streaked yellow by their feces.*

No matter how much I enjoyed farm life . . . *time passes* . . . the day arrives *where no matter how* reluctant . . . *how* difficult . . .

you do have to say goodbye *and* get on with life.

In September, I returned to medical school . . . *strengthened* by the experience. On the first courses that semester was public hygiene. We were divided into groups of ten and required to visit manufacturing facilities to check their hygienic procedures. By good luck our group was assigned to a cigarette manufacturing *factory* for rating. We learned that by law, one out of every 200 cigarettes was removed from the line . . . and placed under a 30-power microscope. On first looking through the eyepiece . . . everything is *murky brown.* Then if you *focus* . . . you see the cut tobacco leaf, and suddenly with more *precise focusing . . . you see other things* . . . quite unexpected. Tiny *bits* . . . pale *green* . . . pale *yellow.* I recognized these from my experience in the summer . . . the tobacco *leaves spattered by birds* . . . and the *bat droppings on the drying tobacco leaves . . . and* other fragments . . . cross-sections of insects . . . torsos, limbs . . . the insects that had been lying half eaten in the cobwebs . . . we became quite expert at determining which was the *eye of* the grasshopper . . . or fly . . . or bee. And then the reason for the law . . . other pieces . . . dark grayish brown . . . these turned out to be *rat droppings. We were informed the law permitted* up to six pieces *per cigarette . . . more than six, and the batch was destroyed. Now we were curious as to how this could be. It turned out the leaf was transported from the kilns ["killins"] straight to the cutting room of the factory . . . no washing process . . . the cut leaf is then placed in bins to await wrapping in paper . . . and the bins are a favorite* nesting place for rodents . . . *who leave their* urine *and* feces *willy-nilly.*

Now I ask you . . . to wonder . . . just how long it takes that group of medical students to refuse to put cigarette to lips . . . *let alone* light up . . . *and permit* penetration *of that smoke* . . . and all it contains. To this very day . . . I find it *uncomfortable* to even touch a cigarette . . . for I know what is inside.

General Strategies for Overcoming Pleasure-Producing Habits

M. Erik Wright, M.D., Ph.D.

INTRODUCTION

Erik Wright (1987), a former President of the American Society of Clinical Hypnosis, outlined six major approaches for use with habit or addictive disorders.

1. STRATEGY OF POSITIVE FUTURE CONSEQUENCES. This strategy concentrates on highlighting the long-term rewards from overcoming the habit, while simultaneously stressing the decrease in the negative side effects. Wright emphasized such long-term benefits as health, self-esteem, appearance, and financial reward. Either age regression or age progression might be utilized by Wright in emphasizing such positive consequences.

2. STRATEGY OF NEGATIVE ACCENTUATION. Wright believed there were times to confront patients with the long-term negative consequences from a destructive habit, while at the same time devaluing the short-term pleasure.

3. STRATEGY OF SUBSTITUTING ALTERNATIVE MEANS OF GRATIFICATION. Other methods may be found for reducing tension that are less destructive.

4. STRATEGY OF CONSCIOUS DECISION-MAKING. Instead of responding in a habitual, automatic fashion, patients are required to take responsibility for making a conscious choice if they indulge a destructive habit.

5. STRATEGY OF ENVIRONMENTAL CHANGE. Another of Wright's strategies was to change the social and environmental context in which a habit could occur.

6. STRATEGY OF SELF-REWARD. The last tactic was to encourage self-reinforcement for changes and successes.

NEGATIVE ACCENTUATION: CONFRONTATION WITH FUTURE CONSEQUENCES

The following illustrative suggestions and interaction with a patient demonstrate Wright's technique of negative accentuation. His style of using this technique is different from many who use aversive imagery in that he personalizes the process, concentrating on *natural* consequences that are specific to the patient.

Although this method is less popular in hypnotherapy today than it was in the past, with certain difficult patients it may prove beneficial to have the patient to imagine highly specific negative consequences—for instance, hacking coughs, choking on the thick phlegm in the morning, burning holes in clothes, the smell, and health consequences. It is important, in my opinion, that this technique not be relied upon as a central strategy, but rather be used in combination with other techniques and suggestions. However, when patients have difficulty completely stopping smoking in response to other suggestions, and have during assessment identified many negative consequences, this technique may be considered along with exploration of the underlying functions of continuing the addictive disorder. In such cases, however, it seems very wise to follow Wright's model of checking the acceptability of this approach with the patient through ideomotor signals before proceeding to actually offer suggestions. Note, in the modeling provided below, how respectful Dr. Wright is in his use of aversive methods. (*Ed.*)

ILLUSTRATIVE SUGGESTIONS. T: You listed two distressing experiences that were important to you in making your decision to become a nonsmoker: first, the heavy yellow crud that you have so much trouble with in bringing up from your lungs in the morning; second, the 10 to 15 minutes of deep coughing and wheezing each night when you first hit the sack.

C: Right, both of them really worry me. They were part of the reason I saw my doctor.

T: There is no question about your getting pleasure out of smoking in the past and in the present. These two bad reactions can help you reach your goal of becoming a nonsmoker instead of just being things that have frightened you as threats to your health. I would like to ask the inner part of your mind if it would be okay for you to intensify the frightening feelings that each of these experiences arouses in you, so that these feelings are not just pushed out of mind as soon as the event is over, but that they remain up front in your memory. If you should reach for a cigarette, not only will you have a vivid recall of how you felt when these events happen, but you might even have the events begin right there and then.

C: I don't see how that would be any worse than what actually happens. I have had some terrible feelings about both of these experiences. [The client closes his eyes and relaxes and the right index finger, the "yes" finger, rises up.]

T: Good. Your inner mind seems strongly committed to nonsmoking. . . . Give yourself the signal to go into trance . . . and drift ahead in time to tomorrow morning. . . . You are in the bathroom, and you are ready to try raising the heavy phlegm from your throat. . . . Signal with your right index finger when you are ready for this. . . . [The client's finger rises.]

T: Fill your thoughts with wondering how hard it will be to bring it up this time . . . Will it be slimy yellow or green? . . . Will there be some flecks of blood in it? . . . Feel yourself gagging as you struggle to bring it up. . . . When you finally manage to bring it up . . . look at it . . . feel disgust and anger at the cigarettes that have done this to you . . . at yourself for letting it happen. . . . It will disappear when you are a nonsmoker. . . . More smoking will make it heavier, slimier, harder to bring up. . . . Tomorrow morning . . . when you clear your throat . . . flood your mind with these thoughts. . . . More smoking . . . worse crud . . . No smoking . . . clear throat. . . . Let the inner part of your mind consider this. . . . Does it want to use these suggestions each morning for as long as you need support to become a nonsmoker? . . . [The client's right index finger indicates "yes."]

Now move yourself ahead in time until night. . . . You are just stretching out on the bed

when the first coughing attack starts. . . . Feel how deeply the cough reaches down into your lungs. . . . Feel the bed shake with each coughing spasm. . . . It feels as if your belly button wants to pop out with all the straining to get the smoke poison out of your lungs. . . . Feel yourself beginning to wonder how much more the lungs can take before the smoke poison is cleared out. . . . No smoking . . . no poison. . . . Tonight . . . if the coughing begins . . . focus on the coughing . . . how it feels . . . how hard your lungs are working to clear out the past residue of smoke poisoning. . . .

Each time you make a move for a cigarette . . . let each of these images flood into your mind . . . feel the strain in your lungs . . . then decide whether you want to smoke the cigarette. . . . It remains your decision. . . . The more unpleasant and vivid these images are . . . the easier it will be to become a nonsmoker. . . . It is worth the effort. . . . After you have signaled yourself to return to the here and now . . . the inner part of your mind will continue to rehearse these images and make them available to you immediately whenever you need them to sustain your decision to be a nonsmoker. . . .

COMMENT

Some hypnotherapeutic procedures involving negative accentuation do not limit themselves to actual life experiences of the client. The client may be encouraged to create highly aversive fantasies about cigarettes and smoking during the trance state, and then, with strong posthypnotic suggestions, to evoke these aversive fantasies and their concomitant psychosomatic stresses whenever there is a temptation to smoke.

RELAPSE PREVENTION SUGGESTIONS TO SUBSTITUTE AN ACTIVITY FOR SMOKING

[The suggestions that follow illustrate part of Wright's (1987) technique of substituting a nonintrusive activity to relieve a smoker's social strain:]

[After recalling a memory associated with these feelings:] Let this sense of comfort, of well-being, of confidence flow through your body like a pleasurable force . . . so real that you can feel it in your body. . . . Some people feel it like a color . . . or a muscle sense . . . or an inner glow. . . . Each person knows what it is, even though different words are used. . . . It is more than an absence of strain or tension. . . . It is a positive strength that is your own . . . that can grow as you learn to recognize it . . . that can help you to reduce big problems to manageable size. . . . Signal with your right index finger as you feel that special strength in you. . . . [The client signals.] Very good. . . .

[The therapist suggests the substitute activity:] As you enjoy that feeling of strength moving in you . . . gently let your thumb and index finger begin to turn the ring on your fourth finger. . . . [The therapist identifies the substitute activity with wellness:] As you move it around, it seems to bind that feeling of well-being ever more strongly into your consciousness as well as into your subconscious self . . . making it a part of you . . . belonging to you . . . yours to call on when you need it. . . .

[The therapist offers a posthypnotic suggestion concerning autohypnosis:] Should you feel stress building up . . . that thumb and index finger can begin to move the ring . . . and you will be able to put yourself in trance to draw on this sense of well-being, of confidence in yourself. . . . Whatever is confronting you can be brought back into manageable size . . . to be dealt with . . . sometimes in part, if you are not ready to deal with all of it. . . . And then you can either continue the trance or terminate it as you deal with the situation. . . .

[The therapist reassures and protects the client:] As you practice with this feeling . . . you will become increasingly secure in your capacity to cope realistically. . . . You will be able to talk and act while in the trance situation. . . . Even if you do not give yourself the signal to terminate your own trance . . . it will terminate when the need is fulfilled. . . .

[Confirmation is sought from the client:] Tell me how you will use this new skill. . . . [The client presents some situation, step by step.] Very good . . . now let yourself go very relaxed . . . and give yourself the signal to be in the here and now. . . .

Illustrative Suggestions with Smokers

Paul Sacerdote, M.D., Ph.D.
Riverdale, New York

[After obtaining sufficient depth through fractionation I verbalized as follows:]

Through the experience of having learned during the last 10 minutes to produce a state of hypnosis, you have established in your brain new circuits, new pathways, and new patterns of activity through which your brain learns to assume better and fuller control of your body. Your brain is the communications center; every second it receives millions of bits of information from every part of your body and from the outside; it coordinates this information, reaches decisions, and sends out orders and instructions. . . . Therefore, your brain is in full control and will continue to control your hands and will keep your hands from picking up cigarettes, from holding cigarettes, from lifting cigarettes, from lighting cigarettes. . . . Your brain also controls your lips and your entire mouth and will keep them from holding any cigarette, from puffing on any cigarette. . . . Your brain controls the muscles of your chest, of your shoulders, and of your diaphragm and will keep them from pumping any more tobacco smoke into your lungs. . . .

New patterns and new circuits have already become activated in your brain; among other changes, you will experience prolongation and continuity in your periods of enjoyment and satisfaction, while episodes of irritation and frustration will seem to be quite short. . . . During the next few days additional patterns become established in your brain and you begin to experience calmness and comfort instead of the usual rushed feeling. Therefore, you begin to discover that you can accomplish many things well and efficiently with much less effort than before while your brain is completely eliminating any wish or need to smoke.

[I then added specific posthypnotic suggestions that upon reopening his eyes he would find himself in "a pleasant and interesting posthypnotic state"; that during this state his right hand would take a pencil and begin to write on a sheet of paper the word "sleep" several times until his eyes became heavy and closed; that when the pencil would become too heavy and fall out of his hands he would find himself in a deep and relaxed sleep. His need to be in control permitted him to write the word "sleep" 10 times before any response to the posthypnotic suggestion of falling asleep became evident.

While the patient was "asleep," I repeated to him all the previous suggestions and added that, if he needed to, he could dream, using the dreams for his own needs and pleasure, but feeling free to forget or recall them without having to tell me about them. Noticing the rather prompt development of REM's (rapid eye movement), I assumed that he was indeed responding to the suggestion, congratulated him for his understanding response to my suggestions, and then added the following verbalizations:]

Every hour and every day that you go without smoking permits your body to eliminate the nicotine and the carbon monoxide that are now in your system, while tar and other impurities will gradually be removed from your lungs until they may become again as healthy as the lungs of a person who had never smoked. . . . Gradually you are beginning to develop a dislike for cigarettes, and it will be enough for you to see cigarettes, to see or hear advertisements about cigarettes, or to smell cigarettes or cigarette smoke for you to immediately think of a cigarette that has just been stubbed out, to see it, and to smell it as it is smoldering and gradually releasing that stale disgusting smell. . . . You will always be aware of and avoid traps that anybody, even you, may set for you by tempting you with a cigarette puff "just to see how well hypnosis works."

A Posthypnotic Suggestion and Cue with Smokers

Brian M. Alman, Ph.D.
San Diego, California

Occasionally, when I'm having a social cocktail, I know it is an enjoyable and relaxing diversion. This is a time when I may also take better care of myself. A very healthy thought to remember at these times is that I can avoid smoking. I may smell that many people are smoking around me. I may hear other people coughing and see their eyes watering. But as I sip my drink and hear the ice clinking against the clear glass, I may be reminded that my lungs can be clearer than theirs. The clarity and freshness in my lungs can be maintained by avoiding cigarettes.

HYPNOSIS WITH HABIT DISORDERS

Hypnosis with Nailbiting

Harold B. Crasilneck, Ph.D., and James A. Hall, M.D.
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INTRODUCTION

Crasilneck and Hall (1985) typically explore the possible psychodynamic meaning of nailbiting and assess family interaction to determine if there is a functional purpose to the symptom. The following types of hypnotic suggestions are then given. Afterwards, if the patient is a child, he or she is asked to learn appropriate methods for caring for his/her fingernails. (*Ed.*)

SUGGESTIONS

When you begin to put your hands toward your mouth, there will simply be an automatic and opposite withdrawal movement. You will no longer wish, nor desire, to continue this outgrown, unwanted habit that injures your hands and embarrasses you before your family and friends. . . . As you begin to discontinue the habit of biting your nails, you will feel a sense of well-being and self-approval. You will begin to respect your fingernails and hands and be proud of them. Each time that you successfully avoid nailbiting, you will feel proud of yourself for accomplishing a worthwhile and desirable goal.

Erickson's Suggestions for Nailbiting

Milton H. Erickson, M.D.

. . .I don't think you really like those stubby fingernails of your either. And you have been biting them since you were four years old . . . and I feel rather sorry for you, because for _____ years you have been biting your fingernails and you have never gotten anything more out of it than a teensy, teensy little piece of fingernail; and you have never had a decent-sized piece of fingernail to chomp on. _____ years of frustration! Now what I am going to suggest to you is this: You have ten fingers. Certainly you can spare one on which to grow a decent-sized fingernail, and after you have grown a decent-sized fingernail on it, bite it off, and have something worth chewing on.

Suggestions for Nailbiting

David Waxman, L.R.C.P., M.R.C.S.
London, England

One of the most important factors in successful treatment is to be found in strength-

ening the patient's desire and motivation to stop the habit. This is equally necessary in child, adolescent or adult, first in the waking state, and subsequently repeated during hypnosis. Once again, the deeper the trance, the more rapid and effective treatment is likely to be. The procedure seems to be particularly successful when the patient is female:

As you grow up . . . you will become more and more attractive. You will not want your appearance to be spoilt by ugly hands. Nice hands and shapely nails will make you even more attractive . . . and you will want to make every effort to stop biting your nails, and spoiling them. With my help . . . you will be able to stop biting them altogether . . . and then they will soon begin to grow.

Commence treatment with the routine ego-strengthening and then proceed in the following manner:

As your nerves become stronger and steadier . . . as you become calmer and more relaxed, each day . . . so, there will be no reason for you to go on biting your nails.

You will no longer *want* to bite them . . . you will *stop* biting them. If at any time you do start to bite them, without realizing what you are doing . . . *the moment your fingers touch your mouth . . . you will know immediately what you are doing . . . and you will be able to stop yourself right away . . . before you have done any damage at all.*

From now on . . . you will stop biting your nails . . . they will begin to grow . . . and you will feel proud of your hands.

Strong, authoritative, direct suggestions under hypnosis will often succeed in stopping the habit altogether. Where a very deep trance or somnambulism can be obtained, the prohibition may be rendered much more effective by telling the patient that he will experience a strong feeling of distaste whenever he puts his fingers in his mouth:

Whenever you start biting your nails . . . the moment you put your fingers in your mouth . . . you will get a horrible bitter, nasty taste in your mouth. This will become stronger and nastier . . . and will make you feel sick.

Conditioning a feeling of nausea to the habit in this way may help greatly in establishing control. When this particular method is used, however, fairly frequent sessions will be necessary, and even when the nails begin to grow the suggestions may need to be reinforced about once a fortnight, for a time. Increasing motivation is a much superior method and the results are likely to be more effective.

An alternative method is to *permit the biting of one or two nails, whilst allowing the others to grow*. Once this succeeds, it is surprising how often and rapidly the habit is abandoned altogether.

Whilst the patient has actually stopped biting her nails after one or two sessions, she may substitute a habit of picking them instead. This occurs more in adults and adolescents than in the case of children. It is not difficult to deal with, since the inclusion of specific suggestions prohibiting this as well will usually cause it to stop.

Suggestions for Nailbiting

Don E. Gibbons, Ph.D.

Every time you bit your nails from now on, you will have to bite them with your hand turned *completely upside down* from the way you usually hold it. You are going to be absolutely unable to bite your nails in the way you have been doing it, because every time you start to bite your nails in the usual way, you are going to *have to turn your hand completely over* before you do.

Every time you feel like biting your nails, your desire to *stop* biting them is going to be felt too. And this is what is going to make you do it in such an awkward and uncomfortable way. You won't be able to express one desire without expressing the other one at the same

time, so if you do let yourself bite your nails, you won't let yourself enjoy it.

And when you do turn your hand upside down to bite your nails, you will soon find that this position is *so* uncomfortable, that your desire to bite your nails is going to get weaker and weaker, until your desire to bite your nails is *so* weak, and it is just *so* much trouble, that you will just give it up completely.

Suggestions with Trichotillomania

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INTRODUCTION

Trichotillomania, compulsive hair pulling, is estimated to be a chronic habit disorder of 8 million people (Azrin & Nunn, 1978). There are many case reports in the behavior modification literature, with varying success rates, using methods like aversive self-stimulation (e.g., snapping a rubber band on the wrist), covert sensitization, self-monitoring and stimulus control procedures (Bornstein & Rychtarik, 1978; Levine, 1976; Mastellone, 1974; Saper, 1971). There are also case reports of the successful use of hypnosis with this condition (Galski, 1981; Rowen, 1981; Spiegel & Spiegel, 1978). Barabasz (1987) successfully used the following permissive suggestions to treat trichotillomania in three of four cases. She used the restricted environmental stimulation technique that she and her husband developed to enhance hypnotic responsiveness.

SUGGESTIONS

You will be acutely aware whenever you put your hand to your head, then it is entirely up to you, you have the power, the control, no one else, no habit controls you. You can pull your hair if you want to or you can choose to control the habit.

Suggestions for Scalp Sensitivity with Trichotillomania

T. J. Galski

INCREASING AWARENESS OF BEHAVIORS PRECEDING HAIR PULLING

Become immediately aware of reaching up to pull your hair. Feel your fingers wrap around a lock of hair . . . feel the texture, the softness and silkiness of the hair wrapped around your fingers. . . . When you become aware of your arm reaching up and your hair wrapped around your fingers, another interesting feeling can occur—just touching your hair in these circumstances can serve as an emotional trigger for your scalp to become very sensitive, sensitive as when you get a bad sunburn and touching the sunburned area can make you cringe! . . . [Patients may only be minimally aware of the discomfort.] The awareness of hair-pulling behaviors will immediately be followed by letting go of your hair, relaxing, . . . inhaling . . . letting all normal sensations be restored. There'll be no need to soon reach up again with any urge to pull out your hair.

CONCENTRATION, ACADEMIC PERFORMANCE, AND ATHLETIC PERFORMANCE

INTRODUCTION

THE FIRST SECTION OF this chapter will present suggestions that have commonly been used to enhance motivation for learning, concentration, study skills, reading ability and to overcome text anxiety. The next section of the chapter will contain several suggestions that have been gleaned from the literature for enhancing creativity. The final section of this chapter will provide a brief overview of the applications of hypnosis to athletic performance along with suggestions for sports hypnosis.

Research

Through the years hypnosis has been used in a number of ways in academic performance. In particular, it has been used to reduce generalized anxiety and test anxiety. Excessive anxiety lowers intellectual efficiency and may impair performance, but hypnosis, especially learning self-hypnosis skills, gives the student a self-management tool. Although one study did not find hypnosis helpful (Egan & Egan, 1968), Eisle and Higgins (1962) and Mellenbruch (1964) reported positive results, as did Lodato (1969) in a single case report. With 130 undergraduate students, Goldburgh (1968) documented that hypnosis was more effective than a tranquilizer or "expressive-directive" treatment.

Attempts to enhance learning and recall through hypnosis have been another focus of research. Haggendorn (1970) gave graduate students hypnotic suggestions to stimulate interest in and retention for lecture material, and found improved recall. But a variety of other studies have found hypnosis to be ineffective for this purpose (Fowler, 1961; St. Jean,

1980; White, Fox, & Harris, 1940) and found that it does not increase recognition for previously learned material (Council on Scientific Affairs, American Medical Association, 1985).

There have also been many studies concerning the ability of hypnotic suggestion to enhance reading ability and concentration. Knudson (1968) documented increased reading speed and comprehension with four sessions (24 subjects) at 11-week follow-up. Compared to a control group, subjects in a study by Mutke (1967) similarly showed improved reading speed and comprehension with hypnosis. Holcomb (1970), experimenting with seventh grade students, found significant increases in speed of reading, but only slight increases in comprehension. Improved reading and spelling skills were also obtained by Krippner (1963, 1966), and Wagenfeld and Carlson (1979) reported a successful adult case utilizing ego-strengthening to alter a negative self-concept. Koe and Oldridge (1988) additionally reported mildly positive effects on reading from hypnotic suggestions. Finally, alert trance (Banyai & Hilgard, 1976), rather than relaxation or drowsiness suggestions, has also been used with reading and study skills. In a tangentially related study, Liebert, Rubin, and Hilgard (1965) found fewer learning errors (in learning word-number pairs) in a group given suggestions in alert trance versus a traditional hypnotic procedure. Oetting (1964), whose suggestions are included in this chapter, described his alert trance approach but without any outcome data. But Donk, Vingoe, Hall, and Doty (1970) documented that alert trance increased reading speed more than traditional hypnotic induction or conversation. Recently, Wark (1989), using his alert trance procedure that is included in this chapter, documented positive increases in reading comprehension in nine university students. No control group was used.

There are negative results as well, however, concerning the effects of hypnosis on reading. Swiercinsky and Coe (1971) used Oetting's alert trance approach with 58 university undergraduates with no effects. Using alert trance, Willis (1972) also failed to find an increase in reading speed between a waking suggestion and hypnosis group, but only one session was used. Cole (1977, 1979) similarly failed to find improvements in reading and test-taking skills with either traditional hypnosis or waking suggestions *over what a class for improving study skills produced* (which presented similar information).

Thus we cannot be sure at this time how much the use of hypnosis is truly capable of enhancing reading speed, comprehension, or concentration during studying. Hypnosis has been successful in some studies, and unsuccessful in others. Further research is needed.

It should also be noted that there has been some experimental work done on hypnosis and creativity. Raikov (1976) had subjects in deep hypnosis roleplay someone famous and talented in art, music, etc., and reported positive results, as did Dave and Reyher (1978) with real life problems. Bowers and Bowers (1979) also documented a relationship between level of hypnotic capacity and creativity, leading them to conclude: "The personality characteristics that allow one person to be more susceptible to hypnosis than another coincide to some extent with those characteristics that make him more creative. Perhaps the ease with which one can deconventionalize

experience and accept the unrealistic and fantastic contributes both to susceptibility and creativity" (p. 378). But, on the other hand, results are inconclusive since some experimental work has failed to find hypnosis capable to enhancing creativity (K. Bowers, 1968; K. Bowers & van der Meulen, 1970). Gibbon's suggestions in this chapter model Raikov's approach to enhancing creativity.

Hypnotic Enhancement of Athletic Performance

References to the use of hypnosis to enhance sports performance have been made in the literature for a long time (e.g., Lindemann, 1958; Mitchell, 1972; Narcuse, 1964a, 1964b; Schultz, 1932). In 1964, Narcuse found that of 125 Japanese Olympic athletes, only 20% had invested time in developing a means of coping with performance anxiety, and few of them had done this systematically or reliably. In contrast, today cognitive training and hypnosis training are widely utilized with Olympic athletes and a wide variety of professional athletes.

It is my recommendation that you individually design hypnotic training for athletes based on their particular needs. A training plan may be formulated by determining which of ten overall strategies are needed with the individual athlete:

1. Enhance sensory awareness and muscle control.
2. Increase concentration, control internal dialogue, and decrease awareness of unimportant external stimuli.
3. Control anxiety, anger and emotionality.
4. Enhance motivation and enthusiasm.
5. Increase energy, feelings of invigoration, and endurance.
6. Enhance performance skill.
7. Increase self-esteem, confidence, and self-efficacy.
8. Control perception of time and focus on the present experience (time contraction or expansion).
9. Resolution of unconscious blocks or conflicts.
10. Management of discomfort.

Under these ten strategies we may identify the specific hypnotic *techniques* that will allow us to accomplish the goals, such as age regression (e.g., to outstanding performances), imagining an ideal model, mental rehearsal, use of end-result imagery, age progression, direct suggestions, progressive relaxation, symbolic imagery techniques, ideomotor signaling for unconscious exploration, amnesia (e.g., for past defeats), ego-strengthening methods, positive internal dialogue, alert trance, suggestions for time distortion or (temporary) time reorientation, the protective shield technique, analgesia and so forth.

In the last section of this chapter you will have an opportunity to study a sampling of suggestions that are used in sports hypnosis. You will also find it beneficial to consult Jencks' suggestions for increasing energy and for invigoration found in Chapter 8.

ENHANCING ACADEMIC PERFORMANCE

Suggestions for Enhancing Academic Performance

Don E. Gibbons, Ph.D.

IMPROVING STUDY SKILLS

As a result of what I am about to tell you now, you will find many helpful improvements taking place in your study habits, and in the effectiveness with which you utilize your abilities in studying. Whenever you have any studying to do, you will find that you will be in just the right mood for it. You will *really feel like studying,* and as a result, you will be able to dig into the material with a lot more energy and a lot more enthusiasm than you usually have. You will be able to use your study time much more effectively; for you will be able to concentrate much more easily and to remember with much less effort what you have learned.

Each time you complete a period of study, you will find that you experience very strong feelings of pride, achievement, and accomplishment because you have been able to perform so effectively and so well. These feelings will reward you for the time you have spent in study, and you will come to look forward to your study periods in the same way that a trained athlete looks forward to a good workout. It will be a source of deep personal satisfaction to you that you are able to use your abilities so fully and so well, and you are going to be thrilled and delighted at the results.

TAKING EXAMINATIONS

From now on, you will be able to approach your examinations calmly and to feel calm and relaxed as you take them. When you enter the room in which the test is being given, the act of walking through the doorway will serve as a stimulus that will release within you a great wave of additional peace and tranquility, confidence and calm. And it will drive out completely any tension which might be reawakened by your starting to take the test, so that by the time the test begins, you will be in just the proper mood to function most effectively.

You will be able to recall a great deal of information which might otherwise be blocked because of tension. Your mental processes will be much more flexible, and you will be able to draw on vast reserves of potential which will enable you to concentrate much more easily on the questions asked and your answers to them.

You will be able to remain perfectly relaxed and calm throughout the entire test as the ideas, facts, and concepts continue to flow smoothly into your awareness and to organize themselves naturally and almost spontaneously, as if they were flowing onto the paper by themselves. You are going to be thrilled and delighted at how much easier the entire process of taking examinations is going to be, and at how much better you will be able to perform.

FACILITATING CLASS PARTICIPATION

From now on, you will find that the subject matter of all your classes has taken on a great deal more meaning. You will want to ask many more questions in class, and you will be very interested in the answers which are provided, both to your own questions and to the questions of others.

As you continue to participate more and more in the give-and-take of class discussion, you will become ever more interested in everything that is being presented. You will become more and more absorbed in the content of what is being taught, as each new fact and concept to emerge becomes more vivid and more interesting than those which have gone before.

As time continues to pass, your personal involvement will continue to grow, for you will constantly be discovering new ways to relate the material to your own life and experiences. And these applications will give rise to still more questions, resulting in an even greater desire to know.

As these new questions are satisfied in turn, the process will continue at an ever-increasing rate, for the more your aroused curiosity is fed, the stronger it is certain to become.

ACHIEVEMENT MOTIVATION

Please extend both arms straight out in front of you, palms facing inward, about four inches apart. Now I would like you to imagine that there is a large rubber band stretched around your wrists holding them close together, as they are now. This rubber band represents all the negative thoughts and feelings which have been holding you back and preventing you from attaining your true potential; and as I continue speaking, you will begin to notice a force pulling your hands apart, until the rubber band will suddenly snap and you will be free of all these negative thoughts and feelings once and for all. Feel the force beginning to pull at your outstretched hands now—tugging and tugging as it slowly draws your hands apart. Feel your wrists drawing farther and farther apart, and feel the rubber band stretching tighter and tighter between them. Soon the band will snap, and you will finally be free of these negative influences. It's ready to break; ready to break. *Now!* You are *free!*

Now you can rest your hands comfortably in your lap, as you continue listening to my voice. Let yourself relax completely now and think back to a time in the past when you were in a totally positive frame of mind, looking forward to a complete and certain success. This need not be a great success in the usual sense of the term—it's the positive feeling that counts. Everyone has experienced this type of feeling at one time or another, even if only in childhood. So take your time, and when you have thought of the kind of situation I am describing, let your imagination focus on it clearly and capture the mood once more. And when you have caught this mood once again, you can signal me by raising the index finger of your right [or left] hand.

[After the subject has responded:] All right. Now just hold this mood for a moment, and feel it growing even stronger.

Now, as the mood continues to grow ever clearer and stronger by the second, you are going to be able to carry it back with you and to call it up again whenever you wish. The mood will persist for a while after the trance is terminated, and whenever you need to, you are going to be able to act and feel in just this manner once again. You are going to be able to act and feel as if you were going toward a predetermined and certain success. You are going to be able to *act as if it were impossible to fail.* For this is the key which will enable you to continue to tap into your true potential and to employ your abilities to the fullest in pursuit of the goal you have chosen.

The Memory Bank

Douglas M. Gregg, M.D.

INDICATIONS

These are suggestions for enhancing memory. The metaphors concerning checking and banking will be most appropriate with older adolescents or adults. (*Ed.*)

SUGGESTIONS

As you drift along deeper and deeper relaxed, concentrating your mind more and more, you are receptive to and you accept suggestions about memory and recall. The art of memory is the art of attention and retention. You must pay attention to anything in order to remember it. People who do not pay attention, do not remember. To remember something you must pay attention. For instance, you think of the name, you look at the man, you associate them. You *want* to know the man's name. You *really want* to remember. This is the process that you use to remember anything: you concentrate your mind, you think, you look, listen, associate, and remember.

In being able to recall something you have to have stored the information properly; you have to put the facts in your memory bank before

you can recall them. You have an excellent memory; you are going to use it; you are going to pay attention. You must very literally pay attention, close attention. That way you store the facts properly in your memory bank and they are ready for you when you want or need them.

From this moment on, every day, you utilize your good memory, you use your good memory every day. You always pay attention. You pay attention to exactly what is going on around you, to exactly what is being said, to exactly what you hear, and exactly what you see, so that when you need to go into your memory bank to make a withdrawal, you have already deposited something to withdraw. The facts are properly stored and they are ready for you. They are ready for you whenever you want or need them.

Your memory bank is just like any other bank. When you go into a bank to withdraw some of your money, you do not hold them up with a pistol. You fill out a withdrawal slip or write a check and have it cashed. You do the same thing with your memory bank. It is not necessary to force your memory bank to give you the information. You simply concentrate your mind, request the information, relax, and let it drift up to your conscious awareness.

You have a good memory, you have an excellent memory. This is true for every single living human being. It is part of the way we are made. You need only to use your memory properly. Force only leads to frustration. In order to recall anything, you simply let your subconscious mind know what you want. Anything you want to know then comes into your conscious awareness naturally and easily. If it does not come immediately, forget about it, forget about it, forget about the *process* of remembering it. Do not try to force it. The information that you want washes up on the sands of your conscious awareness in a few moments . . . sometimes when you least expect it. Any information that you want comes into your conscious awareness . . . naturally and easily.

One way to promote recall is to go down the alphabet. What is the name of that hotel? A, B, C, or D? Oh, D, that is it! It is the Delaware Hotel. You use a hook, a hook which you stretch down into your memory, into your subconscious mind, and you use it to withdraw your answer.

Another technique: If you want to remember where you left something, go through the motions of what you were going through or what you were doing at the time you left it. You retrace your steps mentally.

By retracing the steps, you write a check, and it is cashed in the memory bank. To write a mental check, do something that is associated with the information you want. You want something from your memory bank. You do not know what it is. However, you do know some other bit of information that is associated with what you want or that is related to it. You use that bit of information as the check you write in order to get a withdrawal from the memory bank of your subconscious mind. Knowing and practicing this technique tremendously increases your ability to recall. You are surprised and amazed at how precisely accurate and effective your memory is. Your memory has always been good. By properly training and utilizing the memory system that you have in your subconscious mind, you are able to obtain maximum recall. You provide yourself with maximum deposits. You develop maximum recall. You have an excellent memory . . . always alert and active.

Now, all of these suggestions are very important, for they represent the proper way to utilize your good memory, the excellent memory that you have. First, you make the proper deposit in the memory bank by paying attention; you concentrate your mind, you think, look, listen, associate, and remember. Second, when you want to make a withdrawal from the memory bank, your memory, your recall is always successful because you make the withdrawal in the proper manner. You do not force it; you utilize some natural association that you already know in order to bring out the information that you want. All of these suggestions improve your

memory, your recall; they take complete and thorough effect upon your mind, emotions, body and spirit as they seat themselves in the deepest parts of your subconscious mind, reinforcing themselves over and over again as you drift down deeper now . . . way down . . .

As you drift down deeper now . . . way down . . . so calm, so comfortable . . . relaxed, you realize that all of these suggestions are completely and totally effective and available to you throughout your life whenever you need them. Growing more and more comfortable . . . more and more confident . . . feeling calm and serene and secure in the knowledge that these suggestions which are now seated permanently in your subconscious mind are available for your use whenever you need them. As you sink down deeper relaxed, all of these suggestions are implanted firmly and permanently in the deepest parts of your subconscious mind; completely and thoroughly effective . . . always automatically available as you drift down deeper and deeper relaxed, deeper relaxed.

Academic Study Suggestions

Stanley Krippner, Ph.D.

ELEMENTARY SCHOOL

Every time you read a word or a sentence correctly, you will feel very good inside. You will feel proud of yourself because you read so well. You will enjoy the feeling that reading well gives you. You will want to read some more words and sentences. You will become interested in reading books and magazines and newspapers. Every time that you read something correctly, and understand what you read, your interest will increase. You will want to read another book, or another magazine, or another newspaper. Sometimes you will make mistakes while reading. These mistakes will not bother you because we all make mistakes. None of us is perfect. However, when you read a word or a sentence very well, you will be pleased and happy. You will want to read more and more.

As you relax, you begin to stop worrying. You stop worrying about reading. You begin to think how much you would like to read better. You begin to think how much you would like to improve your reading ability. You know that you can read better if all the muscles of your body are relaxed. If all of your muscles are relaxed, you will be able to pay closer attention to what you read. You want very much to relax your muscles while you read and to be completely at ease. You want very much to relax all the little muscles in your eyes while you read. This will help you to read with your eyes wide open so that you will not miss any of the letters. If your eyes are wide open, you will not miss any of the words. If your eyes are wide open you will read much better.

HIGH SCHOOL

Before you start to study this evening, form an outline of the work you wish to accomplish so that you, by following your outline, study very efficiently. You will accomplish a great deal as you follow this outline.

When you are studying this evening, you will find that your concentration is so intense that you will be interested in nothing but your [*e.g., mathematics*] assignment.

COLLEGE

As you begin to study [*e.g., chemistry*], your mind will quickly grasp the information at hand. Each important fact will make a profound impression upon you. You will be able to recall the information easily when future events demand it.

At (e.g., 8:00 p.m.) you will be absorbed in completing your history term paper. For the following three hours, you will want to do nothing else. Barring emergencies, nothing will interrupt you. If your friends enter the room

you will, with as much tact as necessary, send them away.

When you start working on your paper, you will organize your references and other material according to an outline of the general formation of your paper. As you plan your paper, you will become very eager to make your plan a reality and put the ideas into writing.

Concentration Suggestions

William T. Reardon, M.D.
Wilmington, Delaware

If you would like to improve your power of comprehension, concentration, memory, and recall, practice your relaxation [self-hypnosis] for one-and-one-half to two minutes just before you start to study, take an examination, have an interview, or do anything that is usually disconcerting to you.

When you open your eyes, you will be able to concentrate on the work that is to be done. Concentrate to such a degree that you will absorb the material like a sponge taking up water, making an indelible mark in your mind so you will be able to recall it any time in the future. You will get twice as much work done in half the period of time.

The things that used to be distractions will no longer bother you, whether they were persons, places, or things. You will be able to take your examinations with a relaxed body, a clear sharp mind, with no butterflies in your stomach. You won't be able to explain how and why things come so easily to you. Don't try to analyze it; no one knows how it works. Just let it happen and it will happen.

Suggestion for Concentration

Brian M. Alman, Ph.D.
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[This suggestion is phrased as a patient may deliver it to herself in self-hypnosis.] While I sit reading, my mind will be focused on the words and thoughts in this book. Just as a funnel can direct and concentrate water flowing into it—my eyes can channel and focus my concentration onto the words and concepts in this book.

Suggestions and Success Imagery for Study Problems

Jeannie Porter, Ph.D.
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INTRODUCTION

Within a broad clinical context embracing the varying aspects of the learning process, this paper presents a set of specific suggestions in conjunction with use of *success imagery*. Guidelines are given for posthypnotic suggestion and contingency management. Success imagery adopts the approach of idealized-self-imagery (ISI) proposed by Susskind (1970) as a confidence training technique. Principles of self-fulfilling prophecy and operant reinforcement shape change in self-perception towards successful outcome responses. While relaxed under hypnosis, the patient is taught to imagine his "ideal self"—the person he knows he is capable of being—if present inhibiting influences were to be removed. The technique is directly comparable to Maltz's (1973) use of "target imagery" in programming the subconscious to realize self-fulfillment, as goals are successively set on a conscious level and achieved through the ongoing activity of the subconscious working to bring about the "desired end."

Since most study problems are seen to intimately involve the self-concept (Porter, 1975), however, it would seem essential to convince the student seeking help that he can change (Gindes, 1951, p. 84) before he can set his targets and formulate what "success" means to him within his own unique perception of the world (Combs, Avila, & Purkey, 1971). Only then will a change in self-concept, from labeling himself a "doomed failure" to a "potentially

successful and aspiring person," enable him to begin to expect success and break out of the "failure syndrome" (Porter, 1975). The role of the therapist is to feed this expectancy with his own belief in the person's potential (Porter, 1974). With the first taste of success, confidence begins to grow and social reinforcement from others strengthens the possibility of future success where once failure had been expected. Success begins to bring success as a self-fulfilling prophecy (Rosenthal & Jacobson, 1968).

This paper ascribes to the concept of mastery as emphasized by Gardner (1976). Mastery becomes an active therapy goal aided in achievement by use of self-hypnosis and self-management exercises. One would hope to engender an "attitude of activity" (Raikov, 1976), while maintaining belief in the self and inducing self-programming. It is pointed out that in creating this image for himself, the student already knows within himself what he is truly capable of doing. Given the removal of present barriers, limitations, and inhibiting influences, this success image will become more and more a reality until soon it is no longer an image but the student's actual self that has been allowed free and full expression. The therapist conveys his belief that this will be the case very soon, thus adding his own belief to the student's to increase the expectancy of change and to catalyze (Bednar, 1970) the change process.

INSTRUCTIONS FOR DAILY USE

Further instructions are given to the student for daily use, first under hypnosis and then reinforced in the discussion on awakening. It is explained that each time he flashes this success image as a total percept into his mind, the student will speed the realization of his goal through known principles of learning and receptivity of mind at stages of "natural trance." He is asked to bring the success image to mind, just long enough for it to seem real, without any particular effort, giving full reliance to belief and imagination to effect the change (Gindes, 1951). The times specified for daily use are:

1. First thing in the *morning* on wakening, before stirring, as the student eases from natural sleep into wakefulness—the hypnagogic state of "natural trance."
2. Last thing at *night* as the student drifts comfortably into natural sleep from normal wakefulness—the hypnopompic state of "natural trance."
3. *Before each meal*—pausing before taking the first mouthful to "flash" the success image into his mind for a few seconds. This invokes the added operation of the Premack (1959) principle, whereby the strong positive primary reinforcer of food follows the conscious evocation of the "success image" at the mental level. By association, food being linked since birth with positive consequences, this strengthens the adoption of the positive image of the self into the person's cognitive structure and allows it to become a determinant of the individual's inner and outer life (Combs et al., 1971).
4. As *many times as possible* during the day—especially in moments of boredom, inactivity, or negative feeling states, to switch the mood to a positive, self-enhancing one and away from a negative, self-defeating one.
5. Whenever *self-hypnosis* is used, as discussed later. Students who find it difficult to "imagine themselves" are given alternative methods. A student can "let his mind go blank" as though it becomes a blank television or movie screen and then imagine the film rolling and the screen showing a film of himself acting out the "success image." With poor visualizers, a change of wording to "*feeling as if*" rather than "imagine" or "think" seems sufficient.

SPECIFIC STUDY SUGGESTIONS

The following suggestions present content rather than exact wording. Actual paraphrasing should be uniquely adapted to the patient's level of understanding and emotional state at the time. It also seems more natural and acceptable to repeat the same types of suggestions on different occasions with slightly altered word-

ing rather than to use direct repetition. Ordering of suggestions can be made flexible, with deletions made of more threatening ones on earlier inductions and of irrelevant ones for the particular individual. Format is best discussed prior to the actual induction, thus establishing agreement as to what to expect in the therapeutic segment of the trance and enhancing acceptance (Porter, 1974). The suggestions include:

Work efficiently without being fatigued by the sheer effort of study, it will come naturally and easily. . . .

- Enjoy the learning process, find it easy and natural to study and to learn. . . .
- Ability to learn and recall information, to integrate new information with what you already know, and answer appropriately any oral or written questions. . . .
- Spend adequate time to ensure success. Take sufficient rest pauses to remain alert and efficient. . . .
- Have increasing belief in your own abilities and certainty that you will succeed.
- Gain ability to switch on the internal success mechanism within the mind, instead of the failure mechanism . . .until very soon you forget even how to switch on the failure mechanism.
- Treat failures as merely pointers to a new path to success.
- Have general confidence in your ability to do not only what you have to do but also what you want to do.
- Maintain a pleasant balance between work and pleasure while remaining always on an overall path to success. . . .
- As belief in your own abilities increases, you will see potential as unlimited. . . .
- Given the opportunity to learn and the ability, you can do anything if you have the desire.
- Do the necessary practice and have the determination to bring success, but you will be able to do this without having to strive unduly. . . . The entire process will be enjoyable and pleasant and you will have the overall conviction that you can be a success. . . .
- Have an increasing sense of achievement and accomplishment.

USE OF POSTHYPNOTIC SUGGESTION

Since study problems are usually associated with high tension and anxiety levels, a simple technique for self-management of anxiety is introduced under hypnosis and further elaborated on awakening. A handout sheet gives a basic rationale as to why it should work. This is given at the session's close.

RELAX/LET GO FIVE BREATHS. Initially, the student is asked to take five slow, deep breaths, thinking at the same time to *relax* as he breathes in and to *let go* as he breathes out. This encourages awareness of the natural body response of relaxation that comes with exhalation and its use in control of inner emotional states. Under hypnosis, the student is then told that during the day he can evoke this *same* control with ever increasing facility—merely by pausing whenever he experiences some inner disturbing negative thought or feeling state, or feels under pressure from external influences, and repeating the process as just experienced under hypnosis. By taking the five deep breaths, he calls on the body's natural resources to relax and, with the conscious mental commands of "relax" and "let go," chooses to exert control in the situation and acquires inner strength and calmness to deal with present demands.

Thus the student has been given a posthypnotic suggestion. When he actually uses the suggested self-management exercise, he further strengthens it by invoking a self-induced posthypnotic suggestion. With repetition, the control becomes more immediate, and the student's confidence in his own ability to cope generally increases. The student knows a technique that he can use without others becoming aware. At any time during the day, in any situation, he can attain inner control without the necessity of even relaxing first.

RELAXATION, ENERGY, AND CONFIDENCE VERSUS TENSION, TIREDNESS, AND FEAR (REC/TTF) Following the same principles as the above self-management technique, the student is told that he can pair his breathing rhythm with further mental conditioning. Most students wish to feel they can dispel debilitating tension interfering with concentration, tiredness impeding progress, and fear producing confused thinking. Ridding the mind of negatives is not sufficient, however, as other debilitating emotions or thoughts will quickly fill their place. In this instance, the three positive opposites of the negative states "tension, tiredness, and fear" are deliberately internalized by thought concentration, viz. "relaxation, energy, and confidence."

Again the exercise is initially carried out under hypnosis. With attention directed to relaxing with breathing, active concentration is then given to *breathing IN*: relaxation, energy, and confidence; and *breathing OUT*: tension, tiredness, and fear. With each subsequent inhalation/exhalation, it becomes easier for the person to feel he really is drawing in with the pure life-giving air these qualities he wishes to absorb and become permanent within him, while letting go with the stale, impure air the distressing inner states he wishes to reject as no longer affecting him.

Use of the exercise during the day again employs a "self-induced posthypnotic suggestion," which gains in strength on repetition. Anything from five to ten breaths are taken as concentration is given to the mental taking in/letting go, the number of breaths depending on what seems natural and sufficient at the time.

CONCENTRATE AND RECALL. The command to "concentrate and recall" is given as a direct posthypnotic suggestion under a deeper stage of hypnosis toward the end of the session. The student is instructed when he enters the study situation and prepares to commence the task at hand, to briefly pause and say three times firmly and slowly to himself, "concentrate and recall." This command is presented as directing the subconscious to release to him the necessary energy to continue working, to remove all barriers or limiting influences whether past or present, and to allow him to think clearly and work efficiently without strain.

CONTINGENCY MANAGEMENT

In order to reinforce the person's increasing control over when and where he studies (Thoresen & Mahoney, 1974) for his time to be spent more effectively, the student is asked to decide on specific places where he will study. Within the home environment, it may be at a desk in a particular room. At the learning institution, it could be in the library. Once decided, he goes to the specific place to study. The chosen localities become the places of work. Other places are free space where he has no obligation to himself to even think of work. This discrimination makes it much easier to work. If the student is jaded, he leaves his place of work. Away from his place of work he is free to let go and relax, with no associated guilt. In giving himself permission to take times to relax and recuperate, he returns to the selected study environment with a readiness and ability to concentrate and work effectively.

DISCUSSION OF PROCEDURE

In the author's experience, the following general format has proven useful in progressing through therapy sessions. Usually, three sessions seem sufficient for most student needs, with the first two one week apart and the third session two weeks later. With some students, a fourth "booster session" after another four weeks removes any lingering blocks or resistances. The student then continues with the use of self-hypnosis and the self-management exercises to fully master his problem (Lazarus, 1971). An outline of the complete procedure by session follows.

I. Session 1
   A. Contingency management is introduced and explained.

B. With the initial induction, the student is introduced to the experience of hypnosis and conditioned to a "cue signal" to allow quick induction on subsequent occasions. This cue signal is later used for self-hypnosis induction.

C. Hypnosis is reinduced using the "cue signal," then deepening follows.

1. Suggestions. A paraphrased version of Stanton's (1977) form of rational-emotive therapy suggestions [see Chapter 5 on ego-strengthening] is used. These suggestions seem more directly relevant to this specific type of problem as general strengthening suggestions than the more commonly used ego-strengthening suggestions of Hartland (1971).
2. Specific study suggestions are used. (See detailed explanation above.)
3. Relax/let go with five breaths is used as the posthypnotic suggestion to induce self-management. (See detailed explanation above.)

II. Session 2

A. Contingency management is discussed and reinforced.

B. Hypnosis is induced using the cue signal.

1. Wolberg's (1965) suggestions are paraphrased as noted below (designed here to remove any blocks or resistances without having to bring them to the conscious level).
   a. You will have a desire to yield, give up, relinquish the symptom, difficulty, problem.
   b. The desire will grow so strong that it will make you want to do whatever is necessary to relinquish, give up, the problem.
   c. As this happens, you will enjoy the experience of becoming increasingly free of the past problem, difficulty, symptom.
   d. You will be so much more relaxed, feel so much better in yourself and at ease, that it will no longer be necessary to have that particular problem, it will lose its hold over you as it loses its meaning for you.
   e. You will be able to go through the day without even thinking about the former problem, symptom, difficulty.
   f. You will find that you feel good as you realize the problem (is leaving) has left you, it no longer needs to be there, and has lost its power and influence over you. You are free of its former effects, and no longer need to consider it as belonging to you or as being part of you or your personality.
   g. When you indeed get to the point when you want to give up the symptom, problem, difficulty, and are ready and willing to give it up completely, it will simply vanish and no longer be there. It will no longer be necessary to you, and with its disappearance it will no longer be part of you or your personality.
   h. With this change, you will grow in strength day by day, becoming happier and more content within yourself, stronger and healthier in every respect, as you become free to be yourself.
2. The relax/let go exercise is reinforced.
3. REC/TTF with breathing is introduced as another posthypnotic suggestion inducing self-management. (See detailed explanation above.)

C. Hypnosis is reinduced.

1. Rational-emotive therapy suggestions are used.
2. Specific study suggestions are used.
3. Self-hypnosis is taught to the cue signal.

III. Session 3

A. The use of contingency management and self-hypnosis is reviewed.

B. Hypnosis is induced.

1. Wolberg's (1965) suggestions are used.
2. The relax/let go exercise is reinforced.
3. REC/TTF is reinforced.

C. Hypnosis is reinduced.

1. Rational-emotive therapy suggestions are used.

2. Specific study suggestions are used.
3. "Concentrate and recall" is given as a direct posthypnotic suggestion.
4. Self-hypnosis is reinforced.

It should be appreciated that the procedures outlined are intended only as guidelines. Each individual case presents unique difficulties that may require modification in procedure. Clinical experience, however, has shown four sessions to be generally sufficient to establish a carry-over to self-management.

This method has been shown to be clinically useful for patients with problems of attention span, concentration, recall, creative thought and problem-solving, phobic withdrawal, recurrent failure, lack of direction and motivation for achievement, test anxiety, and performance fear. Although these behavioral aspects are inherent to the study problem, they are also common to other confidence and relationship difficulties. With ingenuity, this general procedure can become applicable to more extensive behavioral management.

Caution should be exercised in application of this general procedure to depressive cases. Concurrent psychotherapeutic management is mandatory to prevent lack of control precipitated by fantasy escape into self-hypnosis. The same applies to cases of social withdrawal. Self-hypnosis is introduced only when its possible adoption as an alternative escape mechanism is outweighed by the benefits already realized by growing self-management as a general coping skill to allay anxiety states.

Personal clinical experience supports particular application of the procedure to adults returning to study or seeking academic advancement outside of study hours. This is especially true of housewives returning to the school situation or work force out of interest or financial necessity and of business executives trying to keep abreast of the rapidly expanding advances in technology. In such cases, performance pressure often exacerbates anxiety and feeds uncertainty and confusional thought. Adolescents also become prime candidates when faced with society's demands for self-identity and goal-setting. As for young children, the procedure should be tailored to current needs, with modification to age comprehension level and minimization of complexities. Selective choice of pertinent steps are matched to the child's needs and implemented through clear presentation, feedback understanding, and the gain of acceptance without arousing the typical resistance areas met with adults. However, for children under 10 years of age, the guided fantasy technique (Porter, 1976) is probably more amenable, since it has a wider applicability to childhood complaints and capitalizes on the child's inherent delight in fantasy. Originally proposed for the treatment of childhood insomnia, this method is also a nonthreatening procedure for study phobia, tension cramps in the writing arm and hand, disruptive acting-out behavior, and fear reactions.

Suggestions for Studying, Concentration, and Test Anxiety

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SUGGESTIONS

As you study this material, whether it is reading it or listening to a lecture, your unconscious mind will help you concentrate. You will have very selective attention. It is as though a light that is focused everywhere begins to constrict, and the peripheral areas grow dim as the center of that light increases in intensity. And you can see and hear very clearly what it is within that narrow band of concentration. And since you are perceiving this information with great intensity, your unconscious mind will be able to store and keep it until you need it. It is important that your unconscious mind knows where to store it, not just anywhere, but to put it in a convenient place, so that you will have access to it by (*a date or an approximate time may be specified*). And so that you know right where it is, you know how to retrieve it when you need to, for whatever

purpose there is, whether it is oral recitation or written examination.

METAPHOR

Imagine a board, perhaps two feet wide, that stretches across the floor in my office from one end to the other. You have plenty of room. Do you think you could walk across that board to the other side? [If a positive response is given:] Would you be willing to bet me five or ten dollars that you could? [Typically the answer is yes, they know that they can do it.] Then, I want you to imagine that I am pushing a button on my desk, and now the board stays there, but the floor parts, and what you see is a pit 20 feet below filled with rattlesnakes. Do you think this will affect your performance? [Most will say, yes, absolutely.] So you can see that it is important to make an intelligent decision about the risk versus the outcome. If the outcome is important, then you will feel strong enough to take the risk, and you will then focus on the board rather than on the snakes, and on the outcome on the other side. But, in order to get there, the focus must be on the board, rather than on the snakes.

Erickson's Suggestions for Facilitating Speed of Learning

Milton H. Erickson, M.D.

I don't know how quickly you can learn, but then we all have different learning speeds. . . . Some of us learn to type rapidly but to take shorthand very slowly; to drive a car very quickly but to play golf very slowly. We all have different learning speeds, and we differ in our learning speeds for different kinds of learnings. [What are you doing with these statements? You are raising the question of a rate of learning, but you used the word *speed*. You haven't said we have different degrees of *slowness* in learning; you've said we have different degrees of *speed* in learning, and so you have suggested a rapidity.]

Alert Trance Suggestions for Concentration and Reading

E. R. Oetting, Ph.D.

INTRODUCTION

Basically, the approach consists of training the student in the autohypnotic induction of an "alert trance." The process differs sufficiently from the usual trance induction so that it is not identified as hypnosis. In fact, it is important that the student does not visualize the training as related to hypnosis or he will bring into the situation his previous conceptions of what hypnosis involves, thus creating many of the problems that we are trying to avoid.

As usual, the preliminary orientation plays an important part in trance induction. In this situation, any reference to hypnosis is avoided, but a considerable amount of discussion of approaches to study and general principles of learning is used to establish a set so that subsequent development of an "alert trance" and training in the technique seems reasonable and appropriate to the subject. The first interview includes a discussion of the problems that the individual student has in studying. The technique is then presented as a solution to some aspect of the individual's problem, not as a general solution to all study problems. Most frequently the application is centered around a discussion of concentration. Suggestion in this preliminary stage is used to communicate the following points: (1) that the problem is a common one and that these techniques, if learned successfully, can solve it; (2) that the solution is simply a matter of learning some new techniques; (3) that these techniques can be learned easily but will require time and effort on the part of the patient; (4) that the process of learning involves presenting a set of specific cues; and (5) that learning anything is a function of the number of trials and, to be established firmly, the trials must be presented over a period of time.

It is important that the subject should be dealing with real materials right from the beginning. In our case we use standardized reading materials, but the student's ordinary study materials could be used effectively. A typical trance induction, after rapport has been established and the subject's attention has already been narrowed to the person of the hypnotist and to the topics, would occur as follows.

SUGGESTIONS

I am going to teach you how to concentrate. Really concentrating is quite easy once you learn the knack. You have not been able to concentrate because nobody has ever shown you exactly how to do it. I am going to show you how to do this, and, then we will practice the technique several times until you can do it by yourself. Here, this is going to be your desk. You will notice that the desk is entirely clear of everything but the one piece of material that you are going to work on. Now stand quietly in front of the desk by the chair. Look at the desk and at the material on the desk. You are already beginning to pay attention to the material that you want to study and learn. When you reach this point, you have decided to really get down to work. Keep your eyes right on the material. Now keep looking at it while you reach down, pull the chair out, and seat yourself comfortably. That is good. We are going very slowly now so that you can see all of the steps. Later you can go through these steps very rapidly. Now we are concentrating on them very carefully, one at a time, so that you can see how they feel, and concentrate on each one. Fine! Keep your eyes on the desk and the material in front of you while I show you something about concentration.

At any time your body is sending a lot of signals to your brain that you have learned to ignore. I want to show you some of these. Just for a moment pay attention to your legs and your feet and how they feel. All you have to do is pay attention to them and you can feel your shoes on your feet. Keep your eyes on the book and nod when you can feel your shoes pressing against your feet. . . . You can feel the chair pressing against you and the weight of your body on the chair . . .and then against the back of the chair. . . . If you simply pay attention to it, you can feel the weight of your shirt on your shoulders . . . and on your neck . . . and you can feel your collar touching your neck. . . . All you have to do is concentrate on these feelings and you can sense them anytime that you want to. That is right, keep looking at the book in front of you. Now if you know how these muscles feel, and where they are, you can sit comfortably, smoothly, and easily. Just let your weight down on the chair and let your body and muscles take care of themselves comfortably and easily. . . . Very good! Your feet are firm and comfortable on the floor, you are balanced and comfortable in your chair. Let me show you. Here. See how your arm is free to move. Now it will reach forward. [The arm is moved by a light, firm touch.] Pull your book towards you a little bit and the rest of your body stays comfortable and easy and well balanced in the chair. Your other arm is free to pull a piece of paper toward you. [The other arm is moved, gently but firmly.] Place it in position to write. You head is free to turn from the book to the paper and you are still comfortable, balanced firmly in the chair, and at ease. That's very good.

[By this time the trance induction is already well under way. The subject has been following repeated suggestions to focus his attention on the materials in front of him. The concentration has been intensified by the gentle, but firm, movement of his arms and hands, and by strong suggestions of ease and well-being, as well as the implied suggestion of immobility of the rest of his body. The next step involves holding a pencil or finger on the same level as the subject's head but to the side so that he can just see it out of the corner of his eye.]

Now, keep your eyes fixed on the book. I am going to show you something about concentration. Can you see the pencil that I am holding up out of the corner of your eye? That's right.

Keep looking at the book. Now, look at my finger on the book. Watch the fingernail carefully. I am going to press my finger against the book. I will press harder and harder until finally my fingernail changes color. Watch carefully, and when it changes color, nod your head. Watch it very carefully so you can see the first slight change in color. Good. Now notice when you are concentrating intently on the tip of my finger, you can no longer see the pencil out of the corner of your eye, and yet now when I have called your attention back to it, you can see the pencil clearly even though your eyes are still focused right on the tip of my finger. Now look again at my finger on the book in front of you and concentrate intently just like you did before. Notice that as you concentrate . . . as you really concentrate . . . you do not notice the things around you. All you see is my finger, and the book, and the paper next to it. It is almost as though there were a spotlight shining on the book and the paper on which you will take notes. As you really concentrate you will only see the materials right in front of you that you are going to work on. Nothing else is important, and you simply don't pay any attention to anything else, you simply concentrate right here in front of you on the work you are going to do. That is very good! Now lean back and relax.

[The repetition is for adding and deepening suggestions eliminating distracting noises and peripheral vision. The field of awareness is narrowed to relevant ideas and materials, but is not restricted to a single point.]

Now I have shown you how to concentrate. You can do this at any time but to make it really work for you will require practice, repeating it over and over again. Now we also need some kind of cue or signal so that you can turn on the concentration yourself, and another signal when you stop. Then you can turn yourself on, using the signal, concentrate intently and accurately on the material, and turn yourself off afterward. Repeating this again and again when you study will make you better and better at it. The signal we will use is a normal one of sliding forward in your chair into the exact position that you were in before, picking up your pencil, and concentrating. Now, open the book to where I have it marked. Hold it open with your left hand like this. There is a very short paragraph on this page. Read the title of the paragraph. All right, get ready . . . slide forward . . . reach over and pick the pencil up. . . . Get ready to make notes if you want to. Now, read the paragraph, find out what it says about the subject. When you finish, put the pencil down and slide back.

COMMENTARY

The student repeats this process several times in the office. We then discuss how to break down the material that he is ordinarily studying into short segments so that he can repeat the process on his own. Generally two or three sessions repeating, reinforcing, and deepening are sufficient for a student to learn a technique that he can use on himself in almost any situation, regardless of outside distractions.

The technique of developing an "alert trance state" has distinct advantages over the classical techniques for trance induction. Since it is "concentration training," the fear and criticism that would be associated with the use of "hypnosis" with students is avoided. More importantly, the student himself does not bring his preconceived ideas about hypnosis to the situation. Most students who want to be hypnotized to help with study also want to avoid the responsibility for motivating themselves and training themselves in study techniques. They tend to lean on the trance state as though it were a crutch, waiting for it to solve their problems. With this technique they are required to train themselves and to practice active studying and concentrating. From the beginning the student has the feeling of doing everything himself.

Alert Self-Hypnosis Technique to Improve Reading Comprehension

David M. Wark, Ph.D.
Minneapolis, Minnesota

THE LEVER INDUCTION

PURPOSE AND INDICATIONS. This is a practical technique to quickly bring your mind to a state of focused tension and your body to a state of efficient relaxed calmness. Since studying is an alert activity, the typical deep induction involving drowsiness is inappropriate. The technique is called the LEVER because you lift your mind to a state of sharp focus and relax your body while holding your mind's tension. Then you lever up your mental focus a bit higher, and again relax your body. And then, a third time, you raise your mental focus and relax your body.

I have found it useful to use two levels of suggestion. The first is a basic suggestion, which focuses on the perceptible qualities of the text (color, shape, texture, etc.) and then suggests some cognitive changes (ideas will flow up from the page, attention will be focused, study will be enjoyable). When students have learned to use those suggestions, I have them move on to the advanced suggestions, designed to increase comfort, meaning, or various types of imagery.

PHYSICAL PRACTICE

Sit comfortably in your chair. Pick a spot to focus on, and attend to it alertly. Take in a deep breath, sit straight up in your chair and extend your spine right up to the sky. Keep your eyes on the target, and begin to exhale. As you do, keep your spine straight, but allow your shoulders to relax, like a cape falling over your back.

Take another deep breath while focusing on your target. Tense all the muscles below your waist—your hips and thighs, and calves and feet. Keep your eyes on the target, and slowly relax your whole body. Take a third deep breath. Tense your whole body, and observe your target while your body relaxes. Now, give yourself your suggestion.

BASIC SELF-HYPNOSIS SUGGESTIONS IN AN ALERT TRANCE

Enter an alert trance state by using the LEVER or some other exercise. Then give yourself the basic suggestions. After the suggestion, begin to study in an alert trance state.

1. Notice the paper. What color is it? Notice how clean and crisp it seems. Fingers slide over the surface, and feel how smooth. Eyes can flow across the page, going easily from side to side, seeing everything.
2. Notice the letters on the page. They seem dark and distinct. The round parts of the O's and C's are very smooth; the up and down parts of the T's and L's are tall and strong. The printing is especially vivid. The words seem to stand out very clearly.
3. And it seems that every sentence suggests images and ideas, that flow up from page to mind, directly and easily, recalling what has already been learned. The new ideas from the page and old ideas from the past seem to fit together now. New ideas come forward, and the meaning gets clearer and clearer.
4. After the reading, the learning will continue, and the meaning will get ever more clear.
5. Attention will become completely focused on the page. The only sound will come from the reading and study. The reading and study will become more and more enjoyable, more and more involving.
6. At the end of the lesson, close the book and review the learning. When the trance ends, attention will return to other things, but the learning will continue. It will become easier and easier to enter an alert trance and enjoy studying.

Advanced Comprehension Suggestions for an Alert Trance

David M. Wark, Ph.D.
Minneapolis, Minnesota

AUTHOR

[This suggestion increases comfort and motivation.]

Behind the book is an author who wrote the book. When I sit alertly focused on my page, it may sound as if the author is talking directly to me. The author is another teacher, one who really wants to get a message to me. I remember another important person, who helped me so much. I may get an image of us together, and feel how I am enjoying the learning. I may feel a real closeness to the author, and the author back to me. As I read alertly, the ideas from the author will seem to flow easily into my mind. It will seem that I can make a connection with the mind of the author.

PUZZLE

[The Puzzle suggestion is useful in increasing meaning and comprehension.]

Reading can be like putting together a jigsaw puzzle. I remember a time when I really enjoyed doing a puzzle. I saw the parts all spread out in front of me on the table. Some looked familiar, like things that I had seen before. Some had no pattern, just out-parts and in-parts, but they looked like they might fit together. I looked again and saw two bits with the same shade, and when I tried them together they fit with a click. What pleasure! More and more I pushed and fit and clicked. Soon the whole puzzle seemed to make sense. I can do that with my books.

FLOWERS

[This metaphor increases the use of visual imagery.]

A small seed lives nested in the warm, dark earth of a garden. It is just the time, just the beginning, just the very start of something to be. Slowly the warm light of the sun reaches down through the dark soil and warms the shell of the seed. The shell expands and slowly water and nutrients seep inside, around the old, hard, protective shell and into the rich inner core. A small sprout starts to push out and up, slowly at first, and then more and more confidently, up through the layers of dark soil. The sprout grows, gets stronger. It grows tall and strong in the sunlight, buds and flowers, adding color and fragrance to the garden. Then, one by one other seeds repeat, until the pattern of the planting is obvious for all to see. I can do that with my reading.

ANTS

[The metaphor of ants can be used to facilitate kinesthetic imagery.]

Some people devour and digest what they read. The soldier ants march across the field in lines and lines. They are organized and orderly. No one lags, no one gets ahead. They present a pleasing pattern to the eye. They are moving directly forward. Then an obstacle appears in the path. Somehow the ants know just what to do. Some move off to one side or the other, looking for a toe hold, a crevice, the smallest little chink to use as a foot hold. Others move directly up and over, covering the obstacle. If it is nourishing, the ants chew and digest. I can do that as I read and study.

Improving Reading Speed by Hypnosis

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[If, upon examination, it is found that the slow reader is moving his throat, lips, or tongue, he should be told that the fastest readers move only their eyes. With proper

rapport and diagnosis of the reading difficulty, the therapist could move into hypnotic techniques. After a relaxing hypnotic induction, slowly say:]

Your mind reads by ideas—in an instant, your mind grasps complete ideas through your eyes, faster than anyone could say each word. Your eyes are faster than your throat, lips, or tongue. Saying each word prevents a slow reader from achieving a pace quicker than he can speak. Without moving your throat, lips, or tongue, the meaning of the words quickly leaps through your eyes into your mind. If you like, I will teach you a way you can prevent these movements while reading. Would you like to learn such a method? If your answer is yes, raise this finger [after you touch his right index finger, wait for him to raise it]. . . . Good!

Now slowly raise the fingers of your left hand to your throat, that is, place your finger lightly about your Adam's apple [guide hands and fingers if necessary].

Now imagine that there is no movement; try to further imagine that not only does the area you are touching not move but that you no longer feel it . . . it disappears. Signal me with your right finger when you have imagined away your throat [wait for the signal and give further suggestions if necessary]. . . . Good!

The same forgetting of your throat will take place when you read. Your throat will be relaxed and comfortable. It will be still, rather than making the words you read. Lower your hand to your lap when you have imagined this in order to receive the next suggestions. . . . Good!

Now slowly raise the fingers of your left hand to your lips, that is, place your fingers lightly on your lips [guide hand and fingers if necessary].

Now imagine there is no movement, try to further imagine that not only does the area you are touching not move but that you no longer feel it . . . it disappears. . . . Signal me with your finger when you have imagined away your lips [wait for the signal and give further suggestions if necessary]. . . . Good!

The same forgetting of your lips will take place when you read. Your lips will be relaxed and comfortable. They will be still rather than making the words you read.

Without moving your throat or lips as you read, the printed words group together into ideas that quickly leap through your eyes into your mind.

Lower your hand to your lap when you have imagined this in order to receive the next suggestion. . . . Good!

Now slowly raise your left hand to your mouth and place one finger lightly on your tongue. Now imagine there is no movement, try to further imagine that not only does the area you are touching not move but that you no longer feel it . . . it disappears.

Signal me with your right-hand finger when you have imagined away your tongue [wait for the signal and give further suggestions if necessary]. . . . Good!

The same forgetting of your tongue will take place as you read. Your tongue will be relaxed and comfortable. It will be still rather than making the words as you read.

Without moving your throat, lips, or tongue as you read, the printed words group together into ideas that quickly leap through your eyes into your mind.

Lower your hand to your lap when you have imagined this in order to receive the next suggestion. . . . Good!

You have now learned to read without using your throat, lips, or tongue. However, as you read you will lightly touch your throat. lips, and tongue so that you know they don't move. You will be further assured that they aren't moving as you touch them.

You will make these movements from time to time until you are sure that you never move your throat, lips, or tongue while reading. You will make these movements without thinking about them so that you will continue to concentrate upon your reading.

Think about everything I told you. . . . When you believe that you can read as you learned today, open your eyes and be fully awake.

Gorman's Ego-Strengthening Technique Adapted for Reading

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Mission, British Columbia, Canada

INTRODUCTION AND INDICATIONS

The suggestions contributed by Koe, previously unpublished, were used in an experiment (Koe & Oldridge, 1987) with university students. They found that, with four sessions utilizing these suggestions, self-concept improved, particularly with regard to self-satisfaction and personal self-concept. Of the three sets of suggestions used in the study, the suggestions printed here were the most effective. These suggestions are recommended for use with university or high school students who need to improve reading, academic performance and self-esteem. (*Ed.*)

SESSION I SUGGESTIONS

You are now so deeply relaxed that your mind has become very receptive. In this state of deep relaxation the critical part of your conscious mind is also very deeply relaxed so that you can accept any idea you wish to accept for your own good.

Because I wish you to remain in this uncritical state, I am not going to give you any direct suggestions with regard to any of your particular problems. I am only going to ask you to think about certain words and their meanings and associations for others. I want you to think lazily of these words, to turn them over in your mind, to examine them, to let them sink deeply into your subconscious mind.

The first word I want you to think about is the word "health," and I want you now and always to couple it with the word "good." What can the words good health mean? They can mean a sense of superb physical well-being, with strong heart and lungs; perfect functioning of all the organs, nerves, glands and systems of the entire body; firm, strong muscles, bones and joints; smooth, healthy, elastic skin and the absence of any excess fat or flesh; greater, increased resistance to all forms of infection or disease and an increasingly great measure of control of both the autonomic nervous system and the hormone glands which, between them, control all the functions and conditions of the body.

Good health means not only physical health but also a healthy attitude of mind in which the nerves are stronger and steadier, the mind calm and clear, more composed, more tranquil, more relaxed, more confident.

It can mean a greater feeling of esteem in the eyes of others, a greater feeling of personal well-being, safety, security and happiness than has ever been felt before.

It can mean others will perceive you as having complete control of your thoughts and emotions, with the ability to concentrate better and utilize all the vast resources of the memory and the full intellectual powers of the subconscious mind.

It can mean that others will perceive you as having the ability to sleep deeply and refreshingly at night and to awake in the morning feeling calm, relaxed, confident and cheerful – ready to meet all the challenges of the new day with boundless energy and enthusiasm. The words good health can mean to others any or all of these things and more. These words have tremendous power. I want you to let them sink deeply into your subconscious mind, which always can reproduce in you your dominant thoughts.

The next word I would like you to think about is success. It may mean a sense of recognition, a fulfillment of your desires.

It may mean the ability to set and achieve goals in life which people who are important to you consider to be realistic, worthwhile and progressive, and the motivation and determination to achieve those goals. It may mean the confidence to recognize that friends perceive you as being able to throw off your inhibitions, being spontaneous, expressing your feelings without fear or hesitation.

Success may mean wealth in terms of money and the things that money can buy, or security for yourself and your family. It can also show itself in the attitude of mind which gives inner happiness regardless of material possessions or circumstances. It could mean the ability to overcome some particular problem—perhaps even some problem about which you do not know. Whatever the word success means to others, I want you to use this word as an emotional stimulus to produce in you all the feelings which go with success.

Finally, I want you to think of the word motivation. What can it mean to others? It can mean a gradual but progressive strengthening of one's desire to be in charge of one's life; to destroy the old recordings of habit patterns; to play new music instead of old; to cease being a puppet to one's early conditioning and to become a creator of a new, healthy, happy, successful script in the play of life.

It can mean the gradual but progressive building of a stronger and stronger feeling of how positively others perceive you until your self-confidence is much stronger than your fear of failure and achieving high grades at university [in high school] presents no difficulty, hardship or discomfort for you.

We have all been conditioned since birth to associate words with feelings. Words are, therefore, the tools which we are going to use to produce the feelings and results which we want. And these words are health, success, and motivation.

In a few seconds, I will slowly count to three. When I do, you will come out of the hypnotic trance you are in now. You will remember the suggestions given you regarding health, success, and motivation while you were hypnotized. You will incorporate these suggestions into your self-image.

When you wake you will feel deeply relaxed. You will remember being hypnotized as an enjoyable and pleasant experience. Ready now. I am going to count to three. One—you are starting to wake up. Two—your eyes are starting to open. Three—your eyes are open now and you are completely out of the hypnotic trance.

SESSION II SUGGESTIONS

You are now so deeply relaxed that your mind has become very receptive. In this state of deep relaxation, the critical part of your conscious mind is also very deeply relaxed so that you can accept any idea you wish to accept for your own good.

Because I wish you to remain in this uncritical state, I am not going to give you any direct suggestions with regard to any of your particular problems. I am only going to ask you to think about certain words and their meanings for others. I want you to think lazily of these words, to turn them over in your mind, to examine them, to let them sink deeply into your subconscious mind, until they become woven into the very fabric of your beliefs as to how others perceive you.

The first word I want you to think about is the word health, and I want you now and always to couple it with the word good. What can the words good health mean to others? They mean a sense of superb physical well-being, with a well conditioned, well functioning body. They can mean that the body feels full of power and strength, with greater balance and stamina, increased resistance to fatigue and disease, more slender with firm muscle tone and vibrant complexion. Good health can result in greater awareness of the body, greater control of all parts of the body, and a sense of harmony in the functioning of the body.

Good health means not only physical health but also a healthy attitude of mind, in which others see you as feeling calmer, safer, more secure; more confident and sure of yourself, happier and more self-satisfied than you ever felt before at university.

It can mean that others perceive you as being able to control your thoughts and emotions. It can mean that others perceive you as being better able to concentrate on your studies at university [in school]. It can mean that others

perceive you as being able to sleep better at night. It can mean that others will perceive you as feeling calm, confident, and cheerful in the morning when you rise, ready to meet the challenges of a new day.

The words good health can mean any or all of these things and more. These words have tremendous power. I want you to let them sink deeply into your subconscious mind, which always can reproduce in you your dominant thoughts.

The next word I would like you to think about is success. It may mean that others see you as feeling a sense of worthiness or fulfillment, the attainment of your desires in terms of your achievement at university [in school]. It may mean that others see you as having the ability to set and achieve goals at university [school] which are realistic, worthwhile, and progressive, and the motivation and determination to achieve these goals. It may mean that friends see you as having the confidence to ask questions in class, to enable you to be spontaneous, to express feelings without fear or hesitation.

Success can mean higher marks at university [in school], which may mean security for you and your family. It can also manifest itself in the inner happiness that comes when you know that you have done the best you can.

It could mean the ability to overcome some particular problem that is interfering with your university achievement.

Whatever the word success means to others, I want you to use this word as an emotional stimulus to produce in you all the feelings that go with success.

Finally, I want you to think of the word motivation. What can it mean? It can mean the desire, determination, and driving force to achieve at university [school]. It can mean a gradual but progressive strengthening of one's desire to be in charge of one's life, to change habit patterns so that they facilitate the goal of high achievement at university.

It can mean the gradual but progressive building of a stronger and stronger feeling of how positively others perceive you until your self-confidence is much stronger than your fear of failure, and achieving high grades at university [in school] presents no difficulty, hardship, or discomfort for you.

We have all been conditioned since birth to associate words with feelings. Words are, therefore, the tools which we are going to use to produce the feelings and results which we want. And these words are health, success, and motivation.

In a few seconds, I will slowly count to three. When I do, you will come out of the hypnotic trance you are in now. You will remember the suggestions given you regarding health, success, and motivation while you were hypnotized. You will incorporate these suggestions into your self-image.

When you wake up you will feel deeply relaxed. You will remember being hypnotized as an enjoyable and pleasant experience. Ready now. I am going to count to three. One—you are starting to wake up. Two—your eyes are starting to open. Three—your eyes are open now and you are completely out of the hypnotic trance.

SESSION III SUGGESTIONS

You are now so deeply relaxed that your mind has become very receptive. In this state of deep relaxation the critical part of your conscious mind is also very deeply relaxed so that you can accept any idea you wish to accept for your own good.

Because I wish you to remain in this uncritical state, I am not going to give you any direct suggestions with regard to any of your particular problems. I am only going to ask you to think of your particular problems. I am only going to ask you to think about certain words and their meanings and associations for others. I want you to think lazily of these words, to turn them over in your subconscious mind, until they become woven into the very fabric of your substance and of your self-image and into the very fabric of your beliefs as to how others perceive you.

The first word I want you to think about is health, and I want you now and always to couple it with the word good. What can the words good health mean? They can mean that people will perceive you as feeling good physically; alert when studying; strong and healthy; and happy with how your body looks and responds. Good health may mean less fatigue and illness, better body weight, less muscle strain and other irritations which keep you from performing to your fullest capacity in your studies and work. It may mean friends perceive you as looking good as well as feeling good.

Good health means not only physical health, but also a healthy attitude of mind in which your friends perceive you as feeling better about yourself than ever before; more confident in and sure of your ability to analyze the material you read; calmer and more relaxed when expressing yourself; happier and more satisfied in your classes this year than ever before.

It can mean that others will feel that you are better able to control your thoughts and attention, better able to concentrate and remember information in the material you read. It can seem that friends will feel that you are able to use your subconscious mind to the full extent of your ability, allowing your subconscious mind to focus on pertinent data when needed.

It can mean that others will feel that you are able to sleep better at night; free from anxiety and self-doubt; awaking calm and confident in the morning. It can mean that friends will perceive you as feeling wide awake in the morning, eager and ready to absorb all you can from the coming day.

The words good health can mean any and all of these things and more. These words have tremendous power. I want you to let them sink deeply into your subconscious mind, which always can reproduce in you your dominant thoughts.

The next word I would like you to think about is success. It may mean that friends see you as feeling a sense of accomplishment as you improve in your reading speed and comprehension; a sense of satisfaction with this accomplishment.

It may mean that others feel you have the ability to set realistic goals in study habits. It may mean others see you as having the motivation and determination to achieve these goals. It may mean that others feel you are confident when reading or studying, easily making connections between material read and information stored in memory. It may mean that others think you easily remember important facts and information and are able to easily identify crucial issues, lead discussions, and in general be a superior student.

Success may mean wealth in terms of money and the things that money can buy, or security for yourself and your family. It can also show itself in the attitude of mind which gives inner happiness regardless of material possessions or circumstances. It could mean the ability to overcome some particular problem—perhaps even some problem about which you do not know. Whatever the word success means to others, I want you to use this word as an emotional stimulus to produce in you all the feelings that go with success.

Finally, I want you to think of the word motivation. What can it mean to others? It can mean that friends perceive you as having the desire to improve your reading. It can mean they feel you have the drive and determination to improve your achievement. It can mean they feel you have the progressive desire to change habits, to take control of your life rather than to passively respond to old feelings.

It can mean the gradual but progressive building of a stronger and stronger feeling of how positively others perceive you until your self-confidence is much stronger than your fear of failure and achieving high grades at university [in school] presents no difficulty, hardship, or discomfort for you.

We have all been conditioned since birth to associate words with feelings. Words are therefore the tools which we are going to use to produce the feelings and results which we want. And these words are health, success, and motivation.

In a few seconds, I will slowly count to three. When I do, you will come out of the hypnotic trance you are in now. You will remember the suggestions given you regarding health, success, and motivation while you were hypnotized. You will incorporate these suggestions into your self-concept.

When you wake up you will feel deeply relaxed. You will remember being hypnotized as an enjoyable and pleasant experience. Ready now. I am going to count to three. One—you are starting to wake up. Two—your eyes are starting to open. Three—your eyes are open now and you are completely out of the hypnotic trance.

SESSION IV SUGGESTIONS

You are now so deeply relaxed that your mind has become very receptive. In this state of deep relaxation the critical part of your conscious mind is also very deeply relaxed so that you can accept any idea you wish to accept for your own good.

Because I wish you to remain in this uncritical state, I am not going to give you any direct suggestions with regard to any of your particular problems. I am only going to ask you to think about certain words and their meanings and associations for others. I want you to think lazily of these words, to turn them over in your mind, to examine them, to let them sink deeply into your subconscious mind until they become woven into the very fabric of your beliefs as to how others perceive you.

The first word I want you to think about is the word health, and I want you now and always to couple it with the word good. What can the words good health mean to others? They can mean that others perceive your body is in top physical shape. It feels good to exercise and exert your body. It feels good to strive and achieve physical limits. You find exercise exhilarating rather than fatiguing. By keeping physically fit, studying comes easily because the mind feels alert in a healthy body. This feeling may reflect in your work because you spend less time away from work as a result of fatigue or tiredness.

Good health means not only physical health but also a healthy attitude of mind. Because you know and accept your body limits you feel calm and confident in your ability to succeed in your endeavors. Knowing you approach your limits gives you a feeling of pride and confidence in a job well done.

It can mean appearing to others to be in charge of your thought processes, thinking calmly, logically, and making good decisions on the information available. Others feel you weigh and use all the information before drawing conclusions or making inferences. They feel you are able to concentrate better, remember more, and progressively gain more information each day.

It can mean friends feel you sleep more deeply at night and awake more alert in the morning ready to assimilate new material. Because you are rested, yesterday's problems are seen with a new perspective and you are able to make decisions which enhance success.

The words good health can mean to you any or all of these things and more. These words have tremendous power. I want you to let them sink deeply into your subconscious mind, which always can reproduce in you your dominant thoughts.

The next word I would like you to think about is success. It can mean high achievement in class, outstanding performance on exams; recognition and rewards. It may mean you appear calm and confident during exams, easily recalling pertinent facts and knowing that you will be successful despite transitory difficulties. You will appear to be motivated to re-read questions on exams to be sure you fully understand their implications so that you can answer completely and in a logical manner. Others will perceive you as feeling motivated to re-check answers on examinations to ensure success. If you don't know an answer, you will appear confident to allow yourself to make spontaneous guesses, knowing that your subconscious mind will help recall the correct answer.

Success may mean higher marks at university [in school] because of improved examination performance. It may also mean more security for you and your family. It can mean friends will perceive you as feeling the happiness and self-worth that comes from making the best effort you can, not only in study habits, but in exam performance. It could mean the ability to overcome some particular problem that is interfering with your exam performance. Whatever the word success means to others, I want you to use this word as an emotional stimulus to produce in you all the feelings that go with success.

Finally, I want you to think of the word motivation. What can it mean? It can mean the willingness to apply yourself for gradually increasing periods of time while studying. It can mean the determination to use the full allotment of time on exams. It can mean the willingness to ask the instructor to clarify obscure or ambiguous questions. It can mean the desire to take responsibility for your own performance onto yourself, to take charge of your life and your successes rather than letting life's forces mold and shape your performance. You appear this way to others and seem to have the perseverance and ability to achieve the goals you desire.

We have all been conditioned since birth to associate words with feelings. Words are therefore the tools which we are going to use to produce the feelings and results which we want. And these words are health, success, and motivation.

In a few seconds, I will slowly count to three. When I do, you will come out of the hypnotic trance you are in now. You will remember the suggestions given you regarding health, success, and motivation while you were hypnotized. You will incorporate these suggestions into your self-concept.

When you wake up you will feel deeply relaxed. You will remember being hypnotized as an enjoyable and pleasant experience. Ready now. I am going to count to three. One—you are starting to wake up. Two—your eyes are starting to open. Three—your eyes are open now and you are completely out of the hypnotic trance.

Suggestions for Foreign Language Study

Don E. Gibbons, Ph.D.

Now I would like you to think of a particular nursery rhyme, bedtime story, or fairy tale which was your favorite when you were a child; or if you prefer, you can think of a motion picture or a television program which you particularly enjoyed when you were very young. I would like you to picture yourself as a young child again, listening to the story, or watching the program or the movie, and feeling completely enthralled by the performance, just as you did then. Just let your imagination go, and soon you will be able to recapture the mood completely, feeling now just as you felt then. And when you have fully caught the mood, you can signal me by raising the index finger of your right [or left] hand.

[After the subject has raised his hand:] That's fine. Now just hold the mood for a moment and continue to listen to my voice, and as you do, you will notice the feeling growing even stronger. Notice how enthralled you feel, and how easy it is to concentrate and to absorb new information, almost without any deliberate effort.

From now on, whenever you wish, you will be able to call up this mood yourself, just by thinking of a situation like the one you have chosen and letting your imagination drift backward in time until you have recaptured the feeling completely. And the more often you practice doing this, the easier it will become, and the more strongly you will be able to feel such a mood once you have captured it again.

Now the mood is completely gone, but as a result of this experience, you are going to be able to transfer to your present language study more and more of the wonder and excitement which learning and using your language used to

hold for you as a child. When you are ready to begin your language homework, you will be able to call forth this same mood once again, just as I have shown you; and if the mood should start to "wear off" before you finish studying, you can take a break for a few moments and call it back again. For the more often you practice recalling and reexperiencing these feelings, the stronger your ability to reexperience them will become, and the more easily you will be able to do so.

And as a result of this change in mood and in attitude, you will find a great improvement taking place in your ability to acquire and to use foreign words and phrases; for they will not seem "foreign" to you at all, but rather, a continuation of the language learning you have always enjoyed. These new words and phrases will come to possess the same interest, the same fascination and appeal, and the same power to arouse your curiosity and to capture and hold your attention as did you own native language when you were first acquiring it. You will spend a great deal of time turning the new information over in your mind and making up games with it in order to amuse yourself, just as children often do. And consequently, you will be able to learn, to retain, and to use the new language with the same ease, the same naturalness of expression, and the same inherent grammatical sense which characterized the learning of your mother tongue as a child.

The entire process of language learning will become a natural, an enjoyable, and a spontaneous process once again, and you are going to be absolutely delighted at your progress.

Suggestions for Mathematics or Statistics Performance

Robert M. Anderson, Ph.D.
Takoma Park, Maryland

INTRODUCTION AND INDICATIONS

Some people who have facility in language studies do not have similar talents in mathematics or related fields such as statistics. The following suggestions have been utilized to create an analogous condition between language talent and the ability to understand and use mathematics and statistics. To personalize the suggestions, use the name and words of a specific language or languages. If the subject does not know a foreign language, the suggestions may be modified so that English (or any native language) can be used for the analogy.

SUGGESTIONS

Think for a moment how easily language(s) comes to you. Your talents, your abilities, allow you to learn vocabulary, grammar and syntax almost without effort. Consider how easily the words [*predetermined words the subject knows*] come to you, how easily you use them. The ease with which you learned and use these words is indicative of how easily you learn languages.

There are many languages in the world. Your ability would allow you to learn any one easily that you would want to learn, almost without effort, effortlessly. You would have to study some, but you would learn. And you would be pleased at your ability, just as you have been pleased and proud of yourself as you have learned [*specify the language*].

One language you have learned and mastered is English, another is . Another language that you can learn and master is the language of mathematics [or statistics, etc.]. In fact, mathematics is one of the easiest languages to learn. It is logical, with no surprises like irregular verbs or strange spellings. In mathematics, everything means what it says. Letters and numbers are the words, equations are sentences, problem solutions are paragraphs. The beauty of language is present in the beauty of mathematics, and you will see this beauty more and more as you learn mathematics.

You will see that sentences like, "Michael is a good boy," or "My car is a compact car," are merely verbal equations, showing that one side (Michael) equals the other side (good boy). "Marty and Bob are a couple," is the same as 1

+ 1 = 2 or a + b = 2 or x + y = z. And with your facility for language guiding you, you will see more and more clearly the language of mathematics. The language of mathematics will become more and more friendly to you. As you understand it as a language, its beauty, symmetry and meaning will become clearer and clearer to you. As you study mathematics, it will become like English or _____, easy, understandable. And you'll find that you may even be surprised at first at how easily, effortlessly, you learn and recall the language of mathematics.

[To reinforce the suggestions, at the end of the session, go through a few simple problems that the patient already understands, allowing the patient to look for the analogies between language and mathematics in them.]

Examination Panic

Milton H. Erickson, M.D.

INDICATIONS

The late Dr. Erickson formulated the following suggestions that he tended to give to highly motivated subjects who had test anxiety and who were going to take an essay exam. These patients included physicians, lawyers, Ph.D. candidates, college and high school students. The central theme of the suggestions is the avoidance of perfectionism and motivating the student for "the comfortable achievement of lesser goals" (1965, p. 358). Erickson, despite myths to the contrary, did not individualize all of his suggestions. He specifically indicated that "the procedure employed with these various applicants for help was essentially constant in character" (p. 356). He reported "uniformly good" results. The essence of Erickson's overall approach was tremendous flexibility and he was willing to be both highly direct and highly indirect, depending on the patient. You will note that the suggestions he typically used with this problem are sometimes so highly directive and authoritarian that therapists who are not exceptionally confident will probably feel uncomfortable using some of them. Erickson reported only a few failures with the technique. "All of these first-time failures occurred with subjects who developed only light trances and who could not seem to learn deep trances. The deeper the trance, the better pleased was the examinee with the examination results" (p. 358). It is, therefore, recommended that the patient be placed in the deepest trance possible prior to offering these suggestions. (*Ed.*)

SUGGESTIONS

You wish to have help in passing your examination. You have sought hypnosis and you have developed the trance state that I know to be sufficient to meet your needs. You will continue in that trance state until I tell you otherwise.

Now, here is the help you wish. Listen carefully and understandingly. You may not want to agree with me but you must remember that your own ideas have led only to failures. Hence, though what I say may not seem exactly right, abide by it fully. In so doing, you will achieve your goal of passing the examination. That is your goal and you are to achieve it and I shall give you the instructions by which to do it. I cannot give you the information that you have acquired in past study and I want you to have it available for the examination in the way I specify.

First of all you are to pass this examination, not trying in the unsuccessful ways you have in the past but in the way I shall now define. You want to pass this examination. I want you to pass it. But listen closely: *You are to pass it with the lowest passing grade—not an A or a B. I know you would like a high grade but you need a passing grade, that's all and that is what you are to get. To this you must agree absolutely, and you do, do you not*? [An affirmation was always given.]

Next, after leaving this office I want you to feel carefree, at ease, even forgetful of the fact that you are to write an examination. But no matter how forgetful of that fact you become,

you will remember to appear on time at the place of the examination. At first you may not even remember why you are there but it will dawn on your mind in time, and comfortably so.

Upon taking your place, you are to read through all the questions. Not one of them will make sense, but read them all. [The purpose of this was to give the subject an unwitting appraisal of the number of questions and the amount of time each would require.]

Then get ready to write and read the first question again. It will seem to make a little sense and a little information will trickle into your conscious mind. By the time you have written it down, there will be another trickle keeping you writing until suddenly the trickle dries up. Then you move on to the next question and the same thing will happen. When the time is up, you will have answered all of the questions comfortably, easily, just recording the trickle of information that develops for each question.

When finished, turn in your examination paper and leave feeling comfortable, at ease, at peace with yourself.

Suggestions for Concentration, Studying, and Overcoming Test Anxiety

Alcid M. Pelletier, Ed.D.
Grand Rapids, Michigan

Your brain is like a computer. It is superior to a computer. As a matter of fact, your brain is the prototype for all computers. All of them have been fashioned after some of the processes of your mind.

During the first five years of your life, you learned more than you did in any other five-year period since. You learned a language, how to walk and run; you learned how to distinguish one person from another and one object from another with all their proper names. You learned your colors, how to draw between lines, perhaps a few of your ABC's, to count at least to ten. You learned how to get up and down stairs, how to get around your yard and immediate neighborhood. You learned how to write a few characters, how to draw, how to bathe, how to brush your teeth, comb your hair, and dress. One of the big achievements in learning was how to distinguish your right from your left when you put on your shoes, how to lace them, and especially how to tie a bow. To accomplish all this learning and memory, you had to study, to concentrate. You did not allow yourself to be distracted; you kept on trying until you were successful.

All of the learning, concentration, studying, and memory I have just mentioned was data which you programmed into your computer brain. Now that you are older, you daily perform these tasks, but they were not so simple when you were learning them. The same principle applies in learning, concentration, studying and memory at any age. Now you are not studying how to tie your shoelaces, you are studying math [or chemistry, anatomy, design, architecture, music, adeptness at sports, etc.]. But the same principle applies in learning your [*e.g., math*]. You learned by concentration and thinking logically even before you knew the meaning of the word "logical." Now that you know the meaning of the word and you have the interest and the need to learn, it ought to be easier for you if you have the attitude to broaden your learning.

Try an experiment in concentration. Take a ballpoint pen, discover its parts and functions, and fully describe it, its color, size, circumference, length, spring mechanisms, slip, bands, ink, etc. You can spend five or more minutes describing that ballpoint pen if you really concentrate. Then that pen will be different from other pens. Think of the possibilities of your social and personal life if you become aware of people like that. Think of how you can excel in math when you concentrate on its logistics, theorems, calculations, and accurate conclusions, make your studying exciting and you will become excited in learning.

Since your brain is like a computer, you are storing data into it every time you study and concentrate. Whatever you feed into a computer can, in turn, be retrieved from it. Now you are about to take a test, an examination—written, oral, true-false, essay, multiple choice—it really doesn't matter. What matters is that it is a test to test what you have stored in your computer brain and how effective is your trained retrievable system. Since you have placed the data in your computer, you *can* retrieve it.

Suggestions for Examination Phobia

David Waxman, L.R.C.P., M.R.C.S.
London, England

The moment you enter the examination room and pick up your paper to read the questions . . . you will become completely calm and relaxed . . . and all your nervousness and apprehension will disappear completely.

No matter how difficult the questions may seem at first sight . . . or how little you seem to know . . . you will not panic . . . because you will find that things are not as bad as they seem.

You will read *all the questions carefully and deliberately . . . you will decide upon the one that you can tackle best . . . and answer that one as fully as you can . . . without worrying about the others until you have completed it.*

As you do this . . . *you will find that you will actually remember far more than you originally thought you would.*

When you have put down all you know about this first question . . . *choose the next easiest to answer . . . and tackle that in exactly the same way.*

Continue in this way with the rest of the questions until you have written all that you can remember . . . or until the time is up.

When you have finished . . . you will find that you have remembered far more that you thought possible when you first read the questions.

[The combination of the two techniques of desensitization and ego-strengthening will usually be found to be successful. However, in all cases one must be certain that there is no other underlying neurosis or personality problem.]

Suggestions for Aesthetic Refinement

Suggestions for Artistic Expression

Don E. Gibbons, Ph.D.

INDICATIONS

These suggestions are designed for somnambulistic, deep trance subjects who wish to enhance their creativity as artists. Gibbons suggests that the subject be seated ready to paint when the hypnosis takes place. (*Ed.*)

SUGGESTIONS

I'm going to count backward from five to one, and by the time I get to one you will no longer be here in the present setting; but instead, you will be seated in the middle of a lovely forest glade with your easel, paint, and brushes still before you. By the time I get to the count of one, you will be able to open your eyes and look around, and you will be able to paint what you see in rapid, steady strokes.

You will always be able to hear and to respond to my voice, and I will return you to the present setting in a while; but until I do so, every aspect of the situation to which I guide you will be completely real, and you will experience it all just as if you were actually there. And even though the experience may actually last for only a few moments, it will seem to be

going on for a much longer time, so that your ability to respond to it artistically will be correspondingly enhanced. Just continue to listen to my voice now, as I begin to count backward from five to one.

Five. Your awareness of the present scene is beginning to grow dim, as you feel yourself and your equipment being transported to that lovely forest glade. Four. Your awareness of the present is dimming more and more, and you can begin to be aware of yourself seated in that lovely forest glade, with your easel and brushes before you, ready to commence painting in a few moments. And as soon as I get to the count of one, you will be able to open your eyes and look around, catching the mood perfectly as you do, and you will be able to paint as you have never painted before. Three. You can feel yourself becoming more and more aware of the forest glade around you, but keep you eyes closed until I get to the count of one and the transition has been completed. Two. Your anticipation and excitement are increasing with each passing second; for soon you will be able to open your eyes and gaze upon one of the most beautiful landscapes you have ever seen. One. Now you can open your eyes and take in all the breathtaking beauty before you, and in just a few seconds you will have caught the mood and you can begin to paint.

[After a few moments have elapsed, it may be suggested to the subject that he will be able to retain the same mood, and the same ability to express what he has seen, after the trance is terminated. He may then be requested to close his eyes once more while the suggestor counts forward from one to five:]

One. Your awareness of the forest glade is beginning to grow dim, as I return you to the scene from which you left. Two. Coming back more and more now, as your awareness of the forest glade begins to leave completely and you start to become aware of yourself back in the original setting. Three. Almost back now. And by the time I get to the count of five, the transition to the original setting will be complete. Four. Almost back. But you will remain in trance for a while, until I bring you out. Five. Now you are back in the original setting, still very much in trance, but feeling thrilled and delighted at all that you have seen and done and retaining the mood and the memory perfectly. And when the trance is over, you will be able to paint from memory just as clearly and just as well as if you were still there in the forest.

Suggestions for Aesthetic Appreciation and Enjoyment

Don E. Gibbons, Ph.D.

The next time you read a good novel, or see a quality motion picture, stage play, or television performance, what I am about to tell you will set in motion a number of changes in your artistic sensitivity and responsiveness; and these changes will greatly enhance your appreciation and understanding of what you experience, multiplying your enjoyment many times over.

You will find that all your senses will suddenly begin to feel much keener as the event begins, and that your emotional responsiveness is also considerably enhanced. These changes will enable you to become more and more deeply involved in the experience as it unfolds; for you will be able to follow it not merely with your senses alone, but with your entire being.

As time continues, the degree of your involvement in such cultural experiences will continue to increase, as this process repeats itself. And this enhancement of your artistic responsiveness will help you to discover new depths of appreciation in life itself, as you come to possess an ever-increasing ability to experience life in a richer and more rewarding manner.

Suggestions to Enhance Musical Performance

Don E. Gibbons, Ph.D.

AINTRODUCTION

The following post-induction suggestions are intended to facilitate musical performance by

encouraging a close identification with musicians whose performance the student has previously come to admire. A similar approach has been reported by Raikov (1976).

SUGGESTIONS

Now I would like you to think of some musician who plays the same instrument you do, whose playing you are especially fond of—or, if you wish, you can think of one of the great virtuosos on this instrument from the past. I'm going to count backwards from five to one; and by the time I get to one, you will be able to feel just as if you were this person, feeling as he [she] feels and playing as he [she] plays.

You will always be able to hear and to respond to my voice, and I will return you to your own identity in a while; but until I do so, every aspect of the situation to which I guide you will seem completely real, and you will be able to experience it all just as if you were really there. So just continue listening to my voice now, as I begin to count backward from five to one.

Five. Your awareness of the present is beginning to grow dim as you feel yourself being mentally transported into a new situation and into a new identity. And by the time I get to the count of one, the transition will be complete. Four. You are beginning to lose awareness of the present completely now, as my words transport you on to the identity of the person you have chosen. Three. You are becoming aware of yourself as this other person now, as the musician you have selected. Feel yourself entering this other body, and feel your identities beginning to merge. Two. You can feel great wellsprings of talent and ability flowing through every muscle and every fiber and every nerve of this new body as your identities merge completely now; and you can see yourself playing as you have never played before. One. Your identities have merged completely now, and you can see and feel yourself playing as you have never played before. Live the experience, and enjoy it fully for a moment, and then it will be time to return.

[After a moment's pause:] Now I am going to return you to your original identity. But you will be able to carry back with you the feelings which you have experienced, and your own playing and your own confidence will be greatly enhanced as a result. By the time I get to the count of five, you will be back to your normal identity; but you will remain in trance for a while, until I bring you out.

One. Beginning to lose your awareness of yourself as the other person, and beginning to become aware of your original identity once more, here in trance, with me once again. Two. Coming back now, coming all the way back, but remaining in trance for just a while longer. Three. Beginning to be fully aware of your true identity now. Four. Almost back. Five. Now you have fully resumed your own identity, but you will still remain in trance for a while, until I bring you out.

As a result of the experience you have just undergone, you will notice a great many improvements taking place in your own musical performance. Whenever you begin to play for others, you will become completely absorbed in the music with the very first note. You will become so absorbed in the piece you are playing that all sense of self is lost, and all traces of fear and doubt are lost as well. Your timing and your concentration will be perfect, and as you and the music merge together, you will be able to tap into the feelings you have experienced just now and feel the same wonderful sense of power and ability flowing out from the innermost depths of your being and flowing on to touch the hearts of everyone who hears you play.

When the performance is ended, you will realize just how deeply you have been able to tap into the boundless wellsprings of talent and ability which lie within you, and you will experience a great surge of exaltation and a deep sense of personal fulfillment and satisfaction at the realization that you have been able to perform so well. It will always be a source of deep personal satisfaction to you that you are

able to use your own vast talents so fully and so well, and you will come to look forward to each performance supremely confident that you are honing your talent to its finest possible edge, looking forward to the inevitable moment of triumph which this awareness will bring to you when the performance is completed.

[A specific situation may also be suggested which represents a special moment of triumph in the career of the artist chosen, or in the future career of the artist himself. Moreover, if the subject is able to open his eyes without disturbing his ongoing experience of trance, he may actually perform for a few moments while imagining himself in the identity of another. With the subject seated before his instrument and ready to play, an induction may be administered in the usual manner and the preceding suggestions may be administered as far as the count of two, at which time the following verbalizations may be substituted:]

You can feel great wellsprings of power and ability flowing through every muscle and every fiber and every nerve of your body as your identities begin to merge completely. One. Your identities have completely merged together now, and you can open your eyes and begin to play. Live the experience fully and play as you have never played before.

[After a moment or two has elapsed, the subject may be requested to close his eyes and the suggestions for canceling the identification may be administered as previously indicated.]

Suggestions to Enhance Writing Ability

Don E. Gibbons, Ph.D.

INTRODUCTION

The following suggestions for the enhancement of writing ability may also be presented, in conjunction with suggestions for ego-strengthening and for achievement motivation, to assist the subject to replace recurring fantasies of failure with positive expectations of success.

SUGGESTIONS

Whenever you are engaged in creative writing, you will find that during your spare moments your thoughts will tend to turn to whatever you are writing about. These frequent moments of extra attention will keep new ideas constantly forming in your mind, even when you are consciously preoccupied with other matters.

Because of this extra attention, new ideas and associations will frequently emerge into your awareness as though unbidden; and when you begin to write, these new ideas and associations will flow even more freely, providing you with a steady stream of inspiration.

As you write, you will be able to maintain continuous contact with these vast resources of creativity which lie within you. You will be able to carry out any revisions which may be necessary as the work progresses, without any undue reluctance on your part to change what you have already written, and without striving for perfection for its own sake in those instances wherein it is more important to finish what you have begun.

You will be able to break your writing down into small segments which can be comfortably fitted into the time you have at your disposal, enabling you to maintain a pace which is both productive and enjoyable, without feeling unduly rushed or under pressure. And when each writing period is over, or each segment of the work is completed, you will experience strong feelings of pride, achievement, and accomplishment, which stem from an ever-growing realization that you are employing your abilities fully and well. Writing will thus be experienced as a spontaneous, natural, and joyful process, which will enable you to make the fullest use of your creative potential.

ENHANCING SPORTS AND ATHLETIC PERFORMANCE

Suggestions Used to Enhance Sport Performance

Keith P. Henschen, Ph.D.
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The value of hypnosis in enhancing sport performance has been the subject of considerable debate over the years. Athletes, or performers of any type for that matter, are constantly seeking techniques that will help their performances. It is now understood that hypnosis can be of great value if it is correctly utilized in sports; but it can also be a disaster if it is incorrectly applied to the performance realm (Unesthal, 1983). Hypnosis is recognized as one possible tool for aiding the athlete to achieve his/her full potential.

INDICATIONS

Currently, hypnosis in sports is mainly used to control the athlete's emotional experience, that is, to control anxiety levels, to regulate concentrational demands, to stimulate aggressive behavior when appropriate, to enhance motivation, to instill self-confidence and pride, and to inhibit any psychological factors that often serve to limit physical performances. Most sport psychologists are very cautious in their use of hypnosis and agree that: (1) hypnosis is not a performance panacea, but a very useful tool; (2) hypnosis is only as good as the skill of the person using it; and (3) the athlete using hypnosis must be thoroughly trained (Ziegenfuss, 1962).

A few specific examples of how hypnosis is currently being used in athletic settings follow:

A. A performance team (volleyball, basketball, etc.) is hypnotized in a group setting and then asked to mentally visualize themselves executing precise motor skills. They are then presented a posthypnotic suggestion that they will be able to translate these visualizations into action during a game or practice at the same level of expertise that they had visualized. Most crucial here is that, during the visualization sessions, the athletes are instructed that, while visualizing the various motor skills, there will be a concomitant physical experience in their bodies. This leads to strengthening of neural patterns through hypnotic mental imagery, which reinforces neuromuscular coordination.

B. When competing against one particular opponent, a young golfer feels stressful and consequently performs poorly. This happens over and over again against the same person, but not against other opponents. His belief of not being able to perform is reinforced every time this particular opponent is present. This is obviously an emotional problem and not a matter of poor technique. In this situation hypnosis is used to influence the emotions and attitudes of the golfer and to focus attention on particular relevant cues to improve his golf game. A suggestion such as "block out the entire environment on each shot and concentrate on the rhythm of your swing" is very constructive in this situation.

C. Many athletes have great difficulty getting to sleep, especially the night before an important contest. Suggestions such as "relaxed and calm" or "deeply relaxed and comfortable" are frequently used to facilitate relaxation and/or sleep.

D. A gymnast is experiencing fear when attempting a particularly difficult routine. She is told to visualize a "happiness room" in her mind. This is to be a completely pleasant room, decorated to her taste, with money being no handicap. Anything that makes her happy is to be placed in the room. She is told to have a television in the room and to watch herself perform the difficult routine to perfection on the TV. Then she is given a posthypnotic suggestion "relaxed and easy" as she initiates the difficult routine. In prac-

tice and meet situations, she is to visit her happiness room just prior to performing this routine.

As was mentioned previously, it is in the area of mental attitude for athletics where hypnosis is most effective. It can be applied to specific situations in sports to reduce the feelings of pressure, tension, stress and anxiety. Suggestions which have been most useful for athletes include the following:

1. Muscles are strong, relaxed and non-tight.
2. You are in complete control of your environment.
3. You are like a coiled spring—powerful and strong.
4. Feel the sensations within your muscles.
5. Focus on this skill and block out all other distractions.
6. Gain complete control of yourself.

CONTRAINDICATIONS

At present, the most difficult problems in using hypnosis in the sports setting can be categorized into two general areas: (1) opposition to its use by the uneducated and ill-informed, and (2) the lack of competent therapists who are trained to use hypnosis appropriately in athletic situations. Most of the dangers to using hypnosis in sports are identical to the dangers of using it in any situation. Many of these dangers are intrinsic to the close interpersonal relationship that develops in any form of counseling and/or psychotherapy. Hypnosis should not be used by coaches because of their vested interest in the outcome of competitions.

SUMMARY

Hypnosis is used in sports to supply motivating instructions, to boost confidence, to remove fears, to influence arousal levels, to control anxiety or pain, and to increase self-concept. Most sport psychologists advocate various techniques of self-hypnosis in sports over other hypnotic methods. Hypnotic procedures commonly used in sports include: yoga breathing, age regression, autogenic training, progressive relaxation, awareness through movement, mental practice with imagery, and posthypnotic suggestions.

It is thought that by eliminating the psychological factors which inhibit an athlete, physical performance will be improved. Hypnosis is a technique that allows the athlete to gain control of him/herself and mitigate the effects of distracting psychological factors.

Sports Performance Enhancement

Richard B. Garver, Ed.D.
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Essentially there are two areas that are very important and helpful: (1) control of arousal level and (2) neuromotor facilitation. Arousal level, no matter what the motivations are behind it, affects performance. It is not always necessary to psychotherapeutically work through all of the many complex issues that produce these arousal levels; they may not even be important any longer. But it is important to begin to control the arousal level even if you are working through the reasons behind it. You may still bargain with the unconscious mind to begin to help controlling the arousal level. [See Garver's method for working with study, concentration, and test anxiety problems (p. 000) for an example of his method for controlling arousal level.] The control of arousal level is important because, no matter how skillful you are or how well you use any technique, it can all be lost if the arousal level is too low or too high.

Secondly, the facilitation of neuromotor pathways is very important. Physical educators call it mental practice; psychologists call it covert rehearsal; imagers call it using visual imagery. Whatever the process, it is a mental review that the performer goes through, previewing his actual performance. This is an image of an ideal

performance of a role model (like a videotape presentation of a sports performance), which is then applied in some way or adopted to the athlete's own technique and physical capacities. It is, however, very important to make sure that the image that performers have is the correct one, whether it's one developed by their coaches or one they have conceived from a book, videotape or other credible source. It is important to be able to see yourself from without (dissociated), as though looking at yourself on a videotape replay, and it is important to look out *from yourself* as you would when actually performing this particular motor skill. It is also extremely helpful to have a kinesthetic sense of what you are doing, to feel every move as well as see it. You should sense in any way (including hearing) what you are doing, and then memorize the way that you do it best. Then you need to continue reinforcing what you do right versus what you do wrong. This is essential because it does not matter how often you practice if you are practicing wrong patterns. Your unconscious mind memorizes behavioral performance both good and bad, without making a judgment about it. Thus, it is very important to memorize what is good.

The following is a technique that I have found very effective in reinforcing correct behavior patterns and releasing or ignoring incorrect or bad performance. I use the sequence of having subjects visualize what it is, how it is, how it feels, how they want to do this, and then to simply focus on doing it. I tell them, "It is important to be in the left brain when planning, but you had better be in the right brain when you are performing or you will be consciously interfering and get what I call paralysis by analysis. Thus it is important to trust whatever program is in the unconscious mind, even if it is not the best program, because it is the best that you currently have, and it will be ineffective if you try to consciously change it in some way when you are actually performing."

The cue to be used while the subject is performing and/or practicing for a performance is the following: "When you do it right, when you feel that the program has run exactly as you want it to and the outcome is right, reach with your left hand and touch your right shoulder. That is a cue to your unconscious mind that has been established to program in that behavior. If the performance is not good, then touch your left shoulder with your right hand." Any cue may be used. What is important is that this process reinforces everything that is right and does not reinforce what has been practiced wrong. This maximizes optimal reinforcement of positive performance and minimizes any reinforcement of negative behavior.

When we recognize what we did right and what we did wrong, it can also be used in rehearsing a specific skill. For instance, after a golfer has made two or three perfect practice swings or mental images, the right shoulder may be touched to program it in, and then he can go ahead and hit the shot. The principle is to program very specifically how the person wants to perform, to be very specific about the arousal level, and to use posthypnotic cues while both practicing and performing. "Trust the unconscious program; trust the cue that will trigger the right program, the specific program that you know is there and that you are reinforcing. This is much better than trying to get rid of or not do negative behavior. If you are hitting from the top in a golf swing, the worst thing you can do is to try *not* to hit from the top. Instead, concentrate on doing something else that will prevent you from hitting from the top [the principle of using positive rather than negative suggestions]. For example, think of shifting your weight or moving your lower body through, rather than not hitting from the top. Always focus on how you want to perform."

Metaphor for Athletics/Sports Competition

Richard R. Wooton, Ph.D.
Provo, Utah

INDICATIONS

The following metaphor was used with a nationally ranked university volleyball team. It

was designed for use with a team who had a tendency to lose because its members were "slow starters." The last paragraph was also designed for one of the players who had a problem with anger and when he made an error was practically of no use for a period of time until he could pull himself together. It may be used with a group induction of the entire team and tape recorded for use in self-hypnosis. (*Ed.*)

METAPHOR

I'd like to tell you about a friend of mine who used to be an outstanding runner. He was a sprinter who could run the 100 meters faster than any junior high or high school kid in his city or for several surrounding cities. He was so much faster than anyone his age that he consistently ran away from his competition. The interesting thing about him is that he seemed to run faster and faster as he approached the tape and coaches often were heard to comment on how strong and fast he was at the end of the race. He dominated all of the junior high school track meets in which he was a participant and was almost as strong throughout his high school years. He did notice while in high school that, while he consistently won, the competition seemed to be getting better. He knew that he was running as well—if not better—than he had ever run in his life, but, for some reason unknown to him, others seemed to also be getting faster. He began to realize that he often just barely beat his competitors as they got to the finish line.

This young man was such a fine competitor that he was offered an athletic scholarship at a university known for its strong track teams. He continued to compete well, but for the first time in his life he began to be aware that there were others who not only were very fast, but probably had a good chance of beating him. As hard as he would run, the competition seemed to edge ever closer, making each race one that he would barely win. The time came when, in one important event, he lost a close race and then—little by little—even though he continued to win most of his races, he would occasionally lose. Since he knew that he was running faster and harder than he had ever run before, the whole reason for losing was a mystery to him.

He was fortunate to have a coach who cared a great deal about him personally and about his performances. The coach had a keen eye and a particularly good ability to analyze running styles. After watching the sprinter in several races, the coach came to him and said, "I think I've discovered your problem. You have always been a very strong and a very fast runner, but you have never learned to use the starting blocks and, in fact, you really do not know how to start very fast at all. The result is that you are always running faster and faster in an attempt to catch up with the competition, rather than leading from the beginning. This has resulted in your sometimes winning but sometimes losing to those who know how to come out of the starting blocks faster."

In the end, because of effective coaching and a willingness of this athlete to listen, he learned to charge out of the blocks quickly, and, while it was still possible for him to lose on occasions, he rarely lost once he had learned to put the whole race together—beginning with a fast start and ending with a strong and quick finish.

[Continuing after about a 10-second pause:] Many of you have heard of a rather famous artist who lived some years ago by the name of Vincent Van Gogh. His paintings now command a very high price even though he was not as well-known in his own lifetime—perhaps because he acted in some very peculiar ways and had such a violent temper that he would get totally out of control for periods of time. In fact, in one such period of rage he became so angry at a situation that he could not control that he cut off his own ear. The really sad thing about what he did, besides losing his ear, was that most other people simply thought that he was acting like a crazy man and they really didn't have a lot of sympathy for him. I suppose that they would have respected and befriended him more if he had acted in a more appropriate manner rather than simply looking stupid by allowing his anger

to go so uncontrolled. His effort to gain attention and to show others how bad he felt, only resulted in others' not wanting to have as much to do with him and, in the final analysis, he only ended up looking kind of silly walking around with one ear!

Metaphor for Facilitating Cooperation and Teamwork in Athletics

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INDICATIONS

This metaphor was used successfully with a nationally ranked male volleyball team. It may be used to facilitate working cooperatively together as a team, rather than playing as a "group of individuals." This metaphor may be given following a group hypnotic induction, and may be tape recorded for use in self-hypnosis. (*Ed.*)

METAPHOR

Six friends of mine love to sky dive. One of their biggest thrills is getting together whenever they can so that they can fly together in a plane up into the skies, where they can prepare to make their jumps. Without question, their biggest thrill is when they jump from the plane and make a six-sided star in the sky. Now to make a star takes a lot of talent along with some courage to jump as well as a good deal of trust in your fellow jumpers. You see, not all six of the skydivers can leave the place at the same time. One must leave first, and then delay pulling the rip cord of the parachute until all of the five others have jumped one at a time. It takes great discipline and cooperation for each diver to pull his own rip cord at a different time, and yet at precisely the right time so that they can line up in a way that will give them the proper height and configuration in order to make the star. Each has an individual job to do, but without each participant doing his or her job in exactly the right in relationship to the other jumpers, then the star cannot be made.

The star is by far the skydivers' favorite design to make because of its difficulty and also because of its beauty—so much so that if any one of the jumpers does not make the needed response in relationship to all of the other jumpers, then the star cannot be made at all and each of the skydivers must float to the ground individually. But, again, because they enjoy making the star so much and because it is such a beautiful thing to see from the ground as well as to experience as a jumper, they immediately go back into the airplane, return to the skies, and jump again so that they can continue trying to "connect up" as well as they can with each other, and until the star turns out to be as satisfying in its structure and beauty as they would like. The dependency that the jumpers feel for one another in their group and the precision with which they contribute to the star is, indeed, one of the most satisfying experiences that they can share together.

Suggestions for Concentration

Brian M. Alman, Ph.D.
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SELF-SUGGESTIONS FOR CONCENTRATION BEFORE A GAME

[These suggestions may be given by the subject in self-hypnosis, and reinforced in heterohypnosis.] Whenever I lace up my shoes before a game or workout, I may notice that my mind cinches up in its focus, also. As I tighten the laces on my shoes, perhaps I am also tightening my concentration on my game to come.

SELF-SUGGESTIONS FOR CONCENTRATION IN TENNIS

As I walk onto the court I will see the net dividing the area. The net can prevent the ball

from passing from one side to the other. I will find that the concentration of my attention is able to screen out distractions just as the net stops poorly hit balls.

When I first step out on the court, I can notice that there are lines marked off for the boundaries. I may be able to form boundaries in my concentration that mark those actions and events that are *in* bounds, and pay attention only to them.

I can also ignore those actions, sounds and events that are *out* of my mental bounds for this game. I can allow them to pass through me without interrupting my concentration. If I am distracted, I'll be able to see the distraction as momentary. As if I'm on automatic pilot, I can return to my game and focus.

I will grasp my racket firmly and confidently. The racket is designed for a specific purpose—to play the game most effectively. As I grip the racket, I may bring that same kind of concentration and purpose to my game.

I will associate the feeling of concentration and readiness with stepping onto the court. My stretching exercises before a match can be a complete stretch. My physical flexibility and my mental readiness can begin with those exercises.

A Cognitive-Hypnotic Approach to Athletic Performance with Weight Lifters

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James P. Reardon, Ph.D.
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INTRODUCTION

This hypnotic training approach, adapted from the authors' original article (1986), was found to produce successful results in a controlled experimental study. The authors used hypnotic relaxation and imagery techniques to facilitate and reinforce cognitive restructuring skills, to facilitate control of physiologic processes and to enhance athletic performance.

The Self-Directed Behavior Change Instrument (Tosi, 1973) was used with the athletes "as an exercise to facilitate high cognitive control over other processes and as an initial means of modifying self-concept. Subjects used this instrument to identify negative self-referring statements. The subjects were then directed to provide themselves with more 'rational' alternatives" (p. 252). It was emphasized that the individual, not the environment, was responsible for his thoughts and emotions (Ellis, 1962). Specific efforts were also made to identify negative ideation associated with subjects' athletic performance (e.g., concentrating on the amount of weight to be lifted, rather than the process of lifting; worrying about what others would think if they "failed"). A variety of negative cognitive sequences were presented to the athletes as a stimulus in helping them to pinpoint their own self-defeating ideations. The athletes were also encouraged to employ cognitive strategies in real life settings in their everyday lives. (*Ed.*)

COGNITIVE-HYPNOTIC TRAINING

After a general discussion of hypnosis, the subjects were hypnotized . . . and directed to experience the negative emotional states associated with the above identified situations as well as identifying the negative irrational cognitions. The therapist negatively reinforced this entire self-defeating sequence. The therapist next directed the subject to refocus on relaxing thoughts and then visualize the same sequence, visualizing himself engaging in more rational self-talk and experiencing more positive affective, physiological and behavioral responses. This self-enhancing sequence was positively reinforced by the therapist.

The above process was designed to facilitate the restructuring of negative cognitive-emotional responses to specific internally/externally disturbing situations. This process was also designed to restructure the self-concept (nega-

tive self-referring statements). The hypnotic state was next utilized to enhance physiological processes associated with increased performance via rich hypnotic imagery.

More specifically, the subjects were directed to visualize themselves performing the behavioral criterion measure (supine barbell press) while hypnotized. They were directed to practice several dimensions via hypnotic imagery: (1) psychological—elimination of negative ideation, increased focusing, elimination of distractions, (2) physiological—attaining proper levels of arousal, (3) behavioral—successful performance of the supine barbell press (facilitation of correct neural pathways).

The behavioral dimension and neural pattern facilitation were accomplished by a detailed description of the behavioral task, encouraging only positive visualization and performance. The psychological dimension was practiced via the standard cognitive restructuring process. The physiological variable (appropriate arousal level) was developed through the use of an arousal scale in which specific events and physiological variables (heart beat, perspiration, etc.) were associated with numbers on the scale. That is, on a scale of one to five (with one being the lowest arousal level and five being the highest), the subjects first associated sleep with one, walking with two . . . their best performance with five, etc., until they were able to monitor and control their arousal level. They were given instructions to perform the monitoring of arousal during their real life performances, as well as in controlling of the other dimensions mentioned.

Subjects were encouraged via hypnotic imagery to experience sensory hallucinations to facilitate physiological control associated with muscular growth. They were asked to visualize themselves in a comfortable location in which "hot, moist towels" were placed on their chest and arms. They were directed to "feel a warm, swelling, pulsating sensation" in these areas. They were also asked to visualize their body as a "giant transport system in which all available blood is being sent to the chest and arms." Next, the subjects were told to see themselves sometime in the future with increases in muscular size in the chest and arms. The subjects were directed to visualize themselves proud and happy about the increases they had achieved, and to see others recognizing their muscular gains. All subjects were encouraged to practice the imagery techniques described above (without hypnosis) during the week.

Suggestions for Sports Performance

Don E. Gibbons, Ph.D.

INTRODUCTION AND INDICATIONS

Since even the best players can occasionally encounter a losing streak, care should be taken to avoid suggesting specific targets which might lead to a loss of faith in the efficacy of the procedure if specific levels of athletic performance are not attained. By the same token, athletes should not be encouraged by means of suggestion to train or to compete so strenuously that they run the risk of possible injury or of diminishing their resources instead of continuing to improve. However, suggestion may be employed to maximize the enjoyment of playing well, while simultaneously decreasing the fear of possible failure, thus providing the subject with positive attitudes which are highly conducive to continued growth. The following suggestions may be administered at the conclusion of an appropriate induction.

SUGGESTIONS

As a result of what I am about to tell you now, you will find that any negative aspects of sports performance which might have troubled you in the past will have greatly diminished in importance, and as times goes on, their importance will continue to decrease. With each passing day, you will find yourself adopting a

much brighter outlook, in which the positive aspects of playing and the lure of success have taken on a great deal more appeal. And in this more positive frame of mind, you will come to experience wonderful new feelings of strength and energy as you find yourself looking forward eagerly to each new challenge, wanting more than ever to play and to win.

Any psychological barriers or obstacles which might have been keeping you from performing well are being eliminated. You are able to look forward to each new game, secure in the knowledge of your own abilities and of the vast potential within you for further growth. Nothing is holding you back any longer. Every barrier, every obstacle, has been removed. You are completely free to develop all the vast potential within you to its fullest extent.

And as you proceed, the success of winning will be experienced as infinitely richer and more rewarding than it has ever been before; whereas the sting of any occasional setback you may still encounter will be so considerably diminished that you will scarcely notice it. You will be able to accept any occasional reversal calmly and philosophically, as the small price which must be paid to experience the rich joys of playing and of winning. And even an occasional losing streak will no longer be of any undue concern to you. Since playing itself has become so enjoyable, you will be able to derive satisfaction from any game, regardless of the outcome.

All these changes will naturally result in marked improvements in your training, your preparation, and in everything which contributes to your actual performance. You will make sure that you get all the rest that you require, and you will be able to sleep soundly and well. You will be able to do whatever else is necessary as part of your training and preparation.

You will not waste time and energy worrying about your past or future performance; for each time you play, you will feel yourself improving. Each time you play, regardless of whether you win or lose, you will take continuing pride in your strategy and skill, and in your timing and coordination. And each time you play, you will find that you are advancing closer and closer to the goal of becoming the player that you want to be.

Endurance Suggestions with Distance Runners

J. Arthur Jackson, Gregory C. Gass, and E. M. Camp

You are now so deeply relaxed that all the suggestions that I am going to give you will be firmly fixed in the unconscious part of your mind; so firmly fixed, so deeply embedded, that nothing will remove them. Everything that I tell you that is going to happen to you, will happen exactly as I tell you. Every feeling and sensation that I tell you that you are going to experience, you will experience just as I tell you and these things will happen particularly when you run. This entire project is really an experiment on human potentialities. Exercise experts have discovered that most people tend to underestimate their own capacities and abilities. . . .

There are really two major factors that allow you to do your very best when running. The first, of course, is really wanting to do well with the exercise tasks which you are to perform. This is something with which you are already familiar. But the second one, which is even more important, is something which you may not know about. This is the fact, that if you realize in advance what things ordinarily make you think you have reached your limit, you will be able to keep on going beyond the point where you are beginning to experience them. Most people use discomfort and fatigue as signs that they should stop what they are doing. They fail to realize that discomfort and fatigue are the first signs that they are approaching their maximum performance and that they can, in fact, keep on going far beyond that point. Most people generally assume that when they start feeling uncomfortable, this feeling will get worse but, as a matter of fact, if you allow yourself to keep on going after you start to feel that discomfort, that feeling will actually di-

minish. I am taking it for granted that you are here because you really want to be and that you are really eager to explore your potentiality and to do your utmost on these tasks. In that case, the thing that you really must keep in mind is the importance of noticing each sign of discomfort or fatigue and using it as a stimulus to keep on going. Then put it aside in your mind and concentrate on the running itself. It is terribly important to us in this experiment, to find out exactly how much you can do with these tasks. The outcome of this experiment cannot be successful unless you cooperate by giving us your absolute maximum performance. This is not going to be easy for it is going to take every ounce of concentration, effort and willpower that you can muster. I want you to give it everything that you have got; to feel the strain all through your body and to use that strain and effort to good advantage using every resource within you. Make this a total effort.

As you run for a longer and longer period of time, you may experience certain symptoms. You may experience a feeling of heaviness in the arms; you may experience breathlessness, a feeling of tightness in your legs, or a sensation of discomfort in the chest, throat, or mouth. You will probably develop a sense of fatigue after you have been running for some time. As you start to experience any of these sensations, this will be a stimulus for you to run even harder. As a result of this, you will find that you are able to go on and actually run through this experience so that you become less aware of whatever discomfort you were experiencing. You will feel as though you could go on running for a longer and longer period of time. You will feel a greater desire to give a total effort; to use every bit of willpower that is within you. You will actually run through your most difficult period and, no matter how tired you start to become, this will act as a stimulus so that you can continue running without becoming unduly distressed. As you concentrate on my voice, so all these things that I am telling you will act on you when the time comes for you to perform the exercise task.

HYPNOTIC SUGGESTIONS WITH CHILDREN

INTRODUCTION

Hypnotic Responsivity in Children

THE RESEARCH AND clinical literature on hypnosis with children suggests that they are usually good hypnotic subjects and typically more easily hypnotizable than adult subjects (London & Cooper, 1969). Children generally have very active fantasy lives, a characteristic of more hypnotically talented adults (Hilgard, 1979), and seem to be entranced in a world of their own much of the time. Most research suggests that as children reach adolescence, perhaps in response to socialization demands to become more rational and realistic, their hypnotic capacities tend to decline (Morgan & E. Hilgard, 1973; Morgan & J. Hilgard, 1979). Although much research has suggested that hypnotic talent reaches a peak of responsiveness between the ages of eight and twelve, there is controversy concerning the methodology of these studies (Olness & Gardner, 1988), and hypnosis has also been found to be quite valuable with preschool children (Gardner, 1977). Thus, hypnotic techniques may be of particular benefit in the practice of enlightened pediatricians, emergency room personnel, dentists, child psychiatrists, psychologists, and social workers.

Tailoring Hypnosis to Children

As you will see in the presentation in this chapter by Kohen, success in working with children requires that you adapt induction procedures and suggestions to the age of the child. Significant research has documented, for instance, that children have difficulty closing their eyes in hypnosis and will often respond better when this is not demanded (London & Cooper, 1969;

Moore & Cooper, 1966; Moore & Lauer, 1963). Developmental issues with children should be taken into account (e.g., adapting language to the age of the child and considering cognitive and perceptual skills at various ages).

Taking developmental issues into account, Olness and Gardner (1988) recommend induction techniques with children ages two to four that include blowing bubbles, pop-up books, storytelling, using a stereoscopic viewer, imagining a favorite activity, speaking to the child through a stuffed animal or doll, use of a Raggedy Ann or Andy doll, and watching an induction on videotape.

Between the ages of four and six, useful inductions may include imagining a favorite place, imagining interactions with favorite animals, imagining being in a flower garden, storytelling, imagining a chalkboard with letters of the alphabet appearing on it, imagining a television program, use of a stereoscopic viewer, pretending to be bouncing a ball, and imagining activities on a playground (Olness & Gardner, 1988).

In middle childhood (ages seven to eleven), meaningful inductions often include imagining a favorite place, activity, or music, imagining riding a bike or being carried on a magic flying blanket, imagining watching clouds change shapes and colors, or eye fixation on a point on their hand. Adolescents frequently enjoy induction procedures such as arm catalepsy, imagining driving a car, being in a favorite place or engaged in a sports activity, imagining playing or hearing music, arm levitation, absorption in breathing, and adult methods of induction (Olness & Gardner, 1988).

Sometimes parents will be resistant to the idea of using hypnosis with their children because of widespread misconceptions about hypnosis (Gardner, 1974b). Educating parents concerning myths and the nature of hypnosis, as well as the specific advantages of using hypnosis with their child, will be invaluable. You may also allay parental fears by allowing them to observe hypnotherapy with their children, although it has been suggested that this be postponed until after the initial induction (Gardner, 1974b). Some parents may additionally wish to experience hypnosis themselves to set their minds at ease. Gardner's contribution at the beginning of this chapter provides other ideas for helping parents see the advantages of child hypnotherapy.

Indications and Contraindications

Olness and Gardner (1988) suggest the following broad indications for child hypnotherapy: (1) when a child shows responsiveness to hypnotic inductions; (2) when a problem has been shown to be treatable through hypnosis; (3) when there is a positive relationship between the therapist and child; (4) when the child possesses at least some motivation to remedy the complaint; (5) when parents or guardians approve the treatment plan; and (6) when the use of hypnosis is not anticipated to cause iatrogenic harm.

In contrast, we must be cautious about acceding to parental demands to use hypnotic magic to bludgeon their children into submission. The child

must possess at least some motivation for change. We should point out, once again, that mere knowledge of hypnosis does not qualify one as a child therapist. This is a subspecialty area requiring training in more than hypnosis alone. If you are not trained to treat a pediatric problem with techniques other than hypnosis, you should not be treating the patient with hypnosis. There are certainly times (e.g., enuresis) when thorough medical evaluation is indicated prior to using hypnosis. Other absolute contraindications (Olness & Gardner, 1988) for child hypnotherapy include: (1) when it would lead to physical endangerment of the patient (e.g., in athletics); (2) when the use of hypnosis might aggravate existing psychological problems or create additional ones (e.g., creating amnesia for a girlfriend who has rejected an adolescent.); (3) when it is "for fun" (stage or entertainment hypnosis); (4) when a problem may be more effectively treated by a nonhypnotic method (e.g., family therapy); and (5) when a referral source or parent asks for hypnosis based on a misdiagnosis, and the actual problem should be treated in some other way.

Areas of Application

Hypnosis has been used with a tremendous diversity of childhood problems: text anxiety, problems with studying and concentration, reading difficulties [suggestions on these topics may be found in Chapter 14], phobias (e.g., of school, animals), sleep disorders, social skill training and anxiety, conversion reactions, psychogenic amnesia, seizures, pain, bulimia and anorexia, enuresis (bedwetting), encopresis (soiling), stuttering, trichotillomania (hair pulling), nailbiting, thumbsucking, obesity, sleepwalking, tics, learning disabilities, chronic and acute pain, preparation for surgery, burns, gastrointestinal complaints, asthma, hives, allergies, warts, hyperhidrosis (excessive sweating), to increase compliance in diabetics, hemophilia, juvenile rheumatoid arthritis, dentistry, headaches, urinary retention, cerebral palsy, Tourette syndrome, cancer and terminal illness, and sports. You will find suggestions concerning some of these areas of application in the pages to follow.

Those who wish to consult excellent texts concentrated on hypnosis with children are encouraged to study Olness and Gardner (1988), Wester and O'Grady (in press) and Ambrose (1961).

Helping Parents See Specific Advantages in Child Hypnotherapy

G. Gail Gardner, Ph.D.

Parents can be of the greatest help in child hypnotherapy if, beyond alleviating their fears and misunderstandings, we show them that there are specific reasons for selecting hypnosis as the treatment of choice at a particular time. That is, parental enthusiasm and cooperation will be maximal if hypnosis is perceived not as "just another treatment" but as having its own special advantages. Of course, some of these benefits will be more relevant for one child than

for another, and the hypnotherapist should vary the emphasis accordingly.

LIKELIHOOD OF SUCCESS

The parents can be told that most children are quite easily hypnotized because of several reasons, including their interest in the technique and the absence of pain or unpleasantness in hypnotic induction. Of course, the parents are cautioned that hypnosis is not effective in every case and, even for a particular child, may be helpful for some problems but not others. It may help to discuss the literature on the use of hypnosis for the problem at hand. This might alleviate parental fear that the child is being experimented upon, especially in the unfortunate but all-too-frequent event that hypnosis is being tried as a last resort.

LACK OF SIDE EFFECTS

For many medical and emotional problems, previous treatment has included drugs which produce drowsiness, nausea, or other unpleasant side effects. Parents are relieved to realize that this is not the case with hypnotherapy. Occasionally, they ask if a child can become "addicted" to hypnosis, wanting to be in hypnosis all the time, but they are reassured, especially when reminded that the purpose of posthypnotic suggestions is to carry the benefits of the hypnotic state over into the waking state.

ACHIEVING AND MAINTAINING THE CHILD'S MOTIVATION

Both parents and children often become enthusiastic when hypnotherapy is suggested, especially if other treatment techniques have failed. It relieves growing despair by offering a new approach. Increased hope then increases cooperation. If the hypnotherapy is successful, the results are usually obvious and appear quickly, thus allowing even young children to see its value.

PARENTAL PARTICIPATION

Many parents, especially those whose children have serious medical or emotional problems, experience marked feelings of helplessness. They feel that they must stand by—at best useless and more often in the way—while the "experts" work to relieve the child's distress. This is not just true of parents who feel guilty or in some way responsible for their child's problem; most parents derive a special sense of pleasure and fulfillment from helping their children and feel frustrated when this is not possible. Parents who are encouraged to assist in hypnotherapeutic sessions, or at least to encourage the child between sessions, enjoy participating with the "experts" in the helping process.

In fact, it is usually not long before a parent notes that the simple, repetitive, soothing features of hypnotic inductions are similar to the normal behavior of parents toward children in distress. Thus, participation in hypnotherapy can be seen by them as an extension of natural parenting behavior and not as part of the vast array of exotic and unpronounceable drugs, machines, paraphernalia, and concepts which comprise most treatment procedures. Parents come to regard hypnosis with an attitude of casual confidence, knowing that neither they nor we fully understand how it works, but still not looking on it as magic.

When hypnosis is presented as a state which can be used for many purposes, parents often find themselves being quite creative in using hypnotherapy for purposes other than those originally intended. Of course this assumes that the parent has had sufficient training to know when hypnosis might not be appropriate and can maintain contact with the hypnotherapist for consultation as needed. Thus, for example, one parent, whose terminally ill child had successfully used hypnosis for relief of pain and nausea, thought of trying it to help curb the child's excessive appetite when he was put on large doses of steroids; the boy cooperated well and the result was a return to normal appetite level after one hypnotic session. The same

parent, however, raised thoughtful questions with the hypnotherapist and agreed to abandon her idea of possibly using hypnosis to gain more understanding of the child's concept of death when it became clear that the outcome might produce unnecessary distress for the child.

FLEXIBILITY

In addition to the kinds of creativity already described, parents are comforted and relieved to learn of other dimensions of flexibility in hypnotherapy, and this, too, maximizes hope and participation. For example, they like the idea that flexibility of wording or induction technique can bring them closer to a desired goal. Parents report successfully varying original wording in an unexpected situation. Likewise they find appealing the idea that hypnotherapy can be done with children by telephone or with the aid of a tape recorder.

Once parents are comfortable with the idea that their child can master self-hypnosis, they gain a special feeling of security in knowing that this treatment modality is available to the child at any time or place. One parent of a leukemic child remarked on how nice it is that hypnosis is "so portable" and reported that this had allowed the family to feel more comfortable visiting relatives during the later stages of the child's illness. This writer deliberately avoids using any sort of "gadgetry" such as egg-timers or locking in the induction to any particular set of circumstances or environment, since these may not be always available when needed.

HOPE AND MASTERY

It is commonly known that, when a child is in distress, the parents' anxiety and despair can get communicated to the child, thus aggravating the child's distress and setting up a vicious cycle. Likewise, when parents see their children experience feelings of hope and mastery after successful use of hypnosis, the parents, too, report feeling more hopeful and peaceful about the situation. Such a positive parental attitude also gets communicated to the child, who can use it constructively to help develop still stronger feelings of hope and mastery. Thus a growth cycle of positive feeling results between parent and child.

One mother listened to her sick child's hypnotic dreams of being an eagle who could fly easily from one safe and happy place to another, and she reported her own feelings of relief and tenderness, as she heard him express previously untapped faith in his potential for self-protection and recovery. Another mother, whose family lived at a great distance from the medical center where the child was being treated, reported instances when both she and her daughter had encouraged each other by discussing the value of hypnosis for easing pain and inducing sleep. . . .

Although these kinds of successful experiences are not possible for the parents of all children, it certainly seems worth the effort of trying to educate them concerning the value of hypnosis. Though parents' initial attitudes may indeed be obstacles to progress, a positive and low-keyed approach from the hypnotherapist can usually result in the parent's becoming an ally and an asset in the effort to help the child. Unfortunately, some professionals focus only on the obstacle phenomenon and never work toward a better goal with the parents. They feel that the solution is either to abandon the idea of hypnosis altogether or to use it surreptitiously, calling it by some other name. While the latter approach may bring some success, the potential results might be far greater with the parents' active support.

Finally, a word about the ethics of using hypnosis with a child without the knowledge of the parents. As indicated in a previous paper (Gardner, 1974a), this writer is willing to call hypnosis by some other name (suggestive therapy, relaxation therapy) if it is clear that the parents are too uncomfortable with their concept of "hypnosis" and cannot benefit from professional explanation. The point here is that the parents agree with the essentials of the technique (e.g., using relaxation to reduce fear)

and that the name given to it is really not that important. However, if after discussion with the hypnotherapist, the parents expressly state they do not want hypnosis to be used, then this writer would not do so. This experience, however, is quite rare, unless one or more professionals have already discussed hypnotherapy with the patients in very negative terms, usually saying either that it is dangerous or that it is ineffective for this problem.

Hypnosis with Children

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In working with hypnotherapeutic techniques with children it is fundamentally important to remember that hypnosis with children is easy but not simple, it is fun but requires concentration, and it should be conducted with respect for the child and his/her intrinsic abilities. Children learn hypnosis even more easily than adults because they are, as part of their normal growth and development, spontaneously in and out of alternative states of awareness (imagination) all day long. They are also usually highly motivated to make a change (in the problem for which they have come). A key to teaching children how to build these self-regulatory skills is trust and rapport with the clinician. The clinician's approach to and language with the child are also more important than the precise "hypnosis" induction or technique utilized.

INTRODUCING HYPNOSIS TO CHILDREN

Children *understand* hypnosis as the same as or analogous to pretending, daydreaming or imagining. Accordingly, it can and should be presented to them as "something you already know how to do but maybe didn't know you knew, or maybe didn't know you could use to help yourself with [*whatever problem they are having*]." Believing in children's ability, in their awareness, and in their ability and desire to learn something new, I appeal in a matter-of-fact, expectant fashion to those experiences I know they must have had with daydreaming or imagination. I then build on these in order to introduce, explain, and demystify the forthcoming hypnotherapeutic experience. Thus, I may say, "You know how when you daydream you can pretend to be wherever you are daydreaming and still be where you are?" And they understand. And I might add, "And you can notice everything about whatever you are daydreaming about—what you see and hear there. Isn't that pretty neat?" And then I might matter-of-factly present a "quick opportunity" for a safe, brief hypnotic experience, designed purposely to facilitate comfort, trust, and enhance a sense of personal control:

"Well, *before* we do anything on purpose to work on the [*problem*], let's just practice some daydreaming and imagining and relaxing *together* [reassurance to the child that he/she is not alone] to remember how easy it is; . . . and then *later* [creating expectations] I'll show you how you can use the *same thing* [anchor] to *help yourself* [ego-strengthening]. So . . . just get comfortable and close your eyes and start daydreaming or pretending about something." [Note: Children under six or seven may not want to close their eyes. Clinicians must be aware of, prepared for, and comfortable with this. One might say instead, "And you can close your eyes or keep them open until they close or just look at something carefully to help you concentrate the way you want to on your daydream."]

As is critical with most if not all hypnotherapeutic suggestions for children, these statements are framed with certain principles in mind: i.e., choices that imply directly both that change will take place and that the child has options within that choice; that you believe what you are saying and that the child is competent to make a change occur; that the child is in control and you are the coach or teacher; and that you respect and believe in the child.

As the child closes eyes and/or develops fixed gaze to indicate trance has begun, simple suggestions to build the imagery are all that are

required to enhance the belief in (and "depth"of) the hypnotic experience. These should be multisensory, permissive, open-ended, and general: "While you are daydreaming or pretending or imagining—I don't know which you like the best—make sure it is really fun *because* [children, like adults, need a *reason* to carry out the suggestion] you are the *boss of your imagination* [ego-strengthening]. *Notice* [an invitation to concentrate, pay attention] what you *see* there in your imagining, who is with you or maybe you're alone or with friends or family or new friends. Notice where you are, whether you're inside or outside, whether the weather is hot or cold or in between, or rainy or snowy . . . and *hear* the sounds there in your *favorite place* . . . maybe you'll hear voices of people talking, or sounds of music, or machines, or of the weather . . . or maybe it's quiet and you'll listen to the quiet . . . and *notice* the *smells* where you are imagining, and the *tastes* there. . . ."

Often I will point out to the child the importance of understanding the "natural way that the body relaxes when you focus your imagination this way." This, like other suggestions, is offered in order to demystify the experience, to enhance a sense of personal control, as well as to create awareness of physical changes that occur in relation to changes in the mind. Thus, in expectant fashion, while the child is in a hypnotic state, I will say, "You probably already noticed [and if she didn't, she will now!] that your face muscles are relaxed" [or "your neck muscles" or . . .] and that your breathing is slower than it was before, and that's because you are doing this exactly the right way . . ." [to reinforce personal control, acceptance, and take the whole thing out of the realm of "spooky or scary"]. I then build on this by adding, "And since you and your brain are the boss of your body, you can even make your relaxation even more than it already is . . . because our bodies already know how to relax . . . and we even relax a little bit each time we breathe out . . . just notice how your shoulders go down every time you breathe out . . . [pause, add "that's right" on next exhalation] so, to help relax even more, just take a slow . . . deep . . . breath . . . in . . . and . . . out . . . and when you breathe out . . . say 'relax' to yourself in your inside thinking . . . and just notice what happens as your shoulders go down and relax."

HYPNOSIS WITH PAIN

Hypnotic Procedure for Pain Relief

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INDICATIONS

This hypnotic method is designed for treating pain problems in children who are between six and ten years of age. The induction and deepening verbalizations are included along with the therapeutic strategy because of the comparatively limited amount of modeling that is available concerning hypnotic work with children. All pain should not be removed hypnotically except under very selective conditions (e.g., in dental or surgical procedures) or a patient may be at risk for injury. The management of this matter is discussed by Dr. Wall in the latter part of this procedure. (*Ed.*)

PRE-INDUCTION

Today we are going to talk about ways to teach you and your body to be comfortable during what might normally be a painful procedure or injury. We know that your mind can help you be more comfortable, even when we wouldn't normally expect that to be true. Your mind is able to make its own sort of numbing medicine which it can send out through your body to help you be comfortable whenever you need to be. There are many ways in which your

body is able to make numbing for you and today we need to find the way that is just right for you.

THE CLOUD CAR INDUCTION

To begin with, I'm going to ask you to use your imagination to think about something that you like to do very much. You may want to think about doing this with your eyes open or you may want to think about doing it with your eyes closed. Whichever one works best for you is the one that you need to do. I want you to start by imagining that your body is becoming very, very relaxed and very comfortable, and that your mind is busy thinking about the things I am saying to you.

Let your body feel relaxed and comfortable and let the chair you are sitting in begin to feel soft and fluffy. You can notice that this soft and fluffy feeling happens somewhat gradually, but that it is beginning to be there by now. And as you're thinking about this feeling, you can also notice that it's possible to turn that soft and fluffy feeling into a very special car just for you. We'll call this your cloud car, and it is your own cloud way toward fun and imagination, and more control of your mind and body. You may picture your cloud car in your mind's eye any way that you would like to. Get a good look at the controls, look at the size and shape. Is it fast, does it maneuver well, can it go high in the sky? All of these things can be true and what's most exciting of all is knowing that this car is completely under your control, and that you're able to drive it in a way that is fun and exciting, and relaxing and beneficial to you.

DEEPENING

I'd like you to begin to fly your cloud car now. Get very comfortable and used to the controls. You will notice that if you lean forward your car goes down, if you tip back it goes up, if you tip to the right it goes to the right, and if you tip to the left it goes to the left. These are just a few of the ways in which you can control the flight of your car. Perhaps you would like to experiment with your car. You can begin by flying it low along the ground, or perhaps you would like to soar high into the sky and take a look at the view from up there. Whatever you do, have a good time doing it. Make your experience as real as you can, enjoy yourself, see yourself laughing and feeling the comfort of being in your own special car. [Pause]

And now that you've had a chance to fly your car a bit, I'd like you to begin to head toward that special place that you and I have already talked about. You may want to take a scenic route there, looking at the mountains or the ocean. Perhaps you'd like to fly over and check out the Pyramids or Big Ben in London, or a castle or two. Wherever you go, remember that you have a bird's eye view and that the air you are flying in is fresh and clean and relaxing, and that it feels very, very soft against your skin. After you've toured some and are ready to head toward your special place, you can let me know by moving your finger [head nodding or verbal communication are also used, depending on the youngster.]

That's fine. And now I'd like you to move toward your special place and very gradually begin to lower your cloud car to the ground. You may land very, very slowly. As you do so, look around and enjoy the sights and the sounds and the smells of your special place. And once you have landed your car, coming down slowly, drifting, gradually landing, softly on the ground, you can park your car and get ready to play in your special place.

ENHANCEMENT

And now you can enjoy the feeling of being in your special place. Perhaps as you walk you can feel the ground beneath your feet. The warmth and the comfort of walking across such a familiar and happy place, the soft freshness of the air against your skin and body, and the pleasantness of the warmth from the sun on your skin.

You can also see your surroundings. You can see the animals and the planets, the sky above and all the things that you love to have there

with you. And you can make the pictures more vivid in your mind and make your experience more real by seeing and feeling being there.

Use your sense of smell. Find out what you can smell. Can you smell the freshness of the air, the fragrance of being out in nature, the freshness? Use your sense of smell to enhance your experience.

You can also use your sense of taste. Can you taste the smells? Can you taste the air? All of your senses help to make your imagination experience very, very real and vivid for you. They help to make your experience more comfortable and more fun for you. Use your imagination and your mind's eye to make your experience become very, very real.

THERAPEUTIC STRATEGY

And now I'd like you to begin to see, at a short distance away, a small area in which there is an amount of mist or fog. The interesting thing about this mist is that it's very inviting, very welcoming, and very safe for you. It's quite a special place in that you can walk over to the mist and it will assist you in making your body more comfortable. Go ahead, walk toward the mist, taking all the time you need to become familiar with how it looks. [Pause] When you get closer, perhaps you'd like to reach out and touch it with your finger. You will find that it has a pleasant feeling, that it makes your skin feel good. It may even make you tingle just a little in your fingertip as you touch it, just as if there were just a little numbing medicine there. Go ahead, have fun with the mist. You can play in it and you can enjoy it. [Pause] And as you play in it, your body is more and more able to produce its own numbing medicine inside, and send that medicine wherever you would like it to be. You can feel a sensation of happiness when you are in the mist. Your body is pleasantly warm and comfortable while you are there and you are relaxed and happy in the mist, and see yourself laughing and enjoy knowing that, that is what you're doing.

And you can know that whenever you come to the mist, you will develop greater control of mind and body together. You can bring a friend with you if you'd like, or perhaps your pet or your favorite toy. And you can enjoy playing in the mist and feeling good about yourself. If you want to, use the mist to help you with numbing your body. You can do this simply by touching the place where you need numbing medicine while you are in the mist. When you do this, your body will know that it is time for it to put numbing medicine there. And you will experience a small amount of tingling or a funny feeling in that one spot. And it's a good feeling, a feeling of confidence and well-being.

[After the youngster has been given adequate time to play in the mist, I generally encourage him/her to talk with me about his/her body sensations and other experiences while there. This is all done during trance, in order to facilitate feelings of control regarding physical symptomatology and to improve general self-confidence. Once these objectives have been obtained, the youngster is brought back out of the mist and the induction, deepening and enhancement phases are worked through in reverse order to the conclusion of trance.]

Now that you have had an opportunity to play in the mist, you can get ready to leave and gradually return to your cloud car. It is important for you to remember that the mist is always available to you and that you can return to it at anytime you so choose. The mist is always available and able to help you whenever you need it. The mist will help you to gain greater control over mind and body. The more you practice, the easier this will become, and the easier it becomes for you, the greater control and confidence you will experience over mind and body. As you return to your cloud vehicle, you can enjoy the sense of confidence and well-being which you have in knowing that you can return, and in knowing that you have gained new skills that you can use to help yourself. And as you return to your vehicle, you can step in and take charge of the controls and gradually fly your vehicle into the air and begin your journey back, flying back toward the office and back toward the chair, knowing that at any time you choose in the future you can turn your chair into a cloud vehicle and into

an imagination experience which will lead you to the mist and to the comfort and confidence of being there. You can do this at any time that you need to.

And now you can gradually begin to land your vehicle in the chair and let the chair begin to feel once again more like a chair, more like the chair in the office, and more like the room in which we are sitting. And now I am going to wait here for you, and you can enjoy your journey, coming back to the chair and back to the room in which we are sitting whenever you are ready. And I'll wait for you and I'll know that you're ready to talk to me about your experience once again, when you open your eyes and are comfortable, and relaxed, and alert and refreshed.

[In the debriefing period following induction, I generally discuss the children's experiences with them, adding or guiding any therapeutic corrections that might be necessary. I also suggest to children that they have learned a skill which they can use in order to reduce or eliminate pain when necessary. However, I emphasize that pain is a necessary body signal which warns us that we are in some danger. Therefore, I ask that all children agree to report the presence of pain to a responsible adult and to make sure that they are being cared for by someone else before "shutting off" the feelings of pain. This insures that they will receive either the necessary parental or medical attention before diminishing their distress. Children are generally very responsible about this condition, as they recognize the need for adult assistance when physical injury or insult is present.]

Techniques of Hypnoanalgesia

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The following techniques represent methods we have used with our patients. We often use several in combination. Every technique involves suggested dissociation, either directly or indirectly. For instance, notice how the phrase "that arm" rather than "your arm" facilitates dissociation. Our list is by no means complete. Other hypnotherapists will prefer variations of our methods or will develop other methods.

DIRECT SUGGESTIONS FOR HYPNOANESTHESIA

REQUEST FOR NUMBNESS. "You know what a numb feeling is. How does numbness feel to you? [Child responds.] Good, just let that part of your body get numb now. Numb like a block of ice [or whatever image the child has used]."

TOPICAL ANESTHESIA. "Just imagine painting numbing medicine onto that part of your body. Tell me when you're finished doing that."

LOCAL ANESTHESIA. "Imagine injecting an anesthetic into that part of your body. Feel it flow into your body and notice the change in feeling as the area becomes numb."

GLOVE ANESTHESIA. "First, pay attention to your hand. Notice how you can feel tingling feelings in that hand. Then let it become numb. When it is very numb, touch that hand to your jaw [or other body part] and let the numb feeling transfer from the hand to the jaw."

SWITCHBOX. The therapist explains the idea that pain is transmitted by nerves from various parts of the body to the brain, which then sends a "pain message" back to the body. The therapist can describe nerves and their pathways or can ask the child to provide a color for nerves. The importance of accuracy varies with the age and needs of the child. Then the child is asked to choose some sort of switch that can turn off incoming nerve signals. The therapist can describe various kinds of switches, such as flip, dimmer, pull, or even a television computer push-button panel or control panel of

lights. Having chosen a switch, the child is asked to begin practicing turning off the switches or the lights that connect the brain and certain areas of the body. It is useful to ask the child to turn off the incoming nerve signals for defined periods of time (e.g., 10 minutes, 15 minutes, or 90 minutes). The success of the exercise is judged by touching the child with a small gauge needle or some other sharp object and asking for a comparison with feelings on the other side where the nerve signals are unchanged.

DISTANCING SUGGESTIONS

MOVING PAIN AWAY FROM THE SELF. "Imagine for a while that that arm [or other body part] doesn't belong to you, isn't part of you. Think of it as part of a sculpture or a toy, or picture it just floating out there by itself." Some patients comfortably imagine having only one arm; others imagine three arms, one of which is dissociated.

TRANSFERRING PAIN TO ANOTHER BODY PART. "Imagine putting all the discomfort of the spinal tap into the little finger of your right hand. Tell me how much discomfort is in that little finger. Give it a numerical rating and let me know if it changes. Good. Now let it float away."

MOVING SELF AWAY FROM THE PAIN. "You said you like to go to the mountains. Imagine yourself there now. Let yourself really be there. Just leave all the discomfort and be in the mountains. See the trees and flowers. Watch the chipmunks playing. You can give them some of your food if you like. Smell the fresh air and the pine trees. Listen to the gentle wind. Listen to the running stream." In one study of adults (Greene & Reyher, 1972), it was suggested that body-oriented imagery (e.g., feeling the warmth of the sun) was less effective for hypnotic pain control than imagery that was not body oriented (e.g., looking at scenery or skiing). We do not know if these same results are applicable to children.

SUGGESTIONS FOR FEELINGS ANTITHETICAL TO PAIN

COMFORT. "Recall a time when you felt very comfortable, very good. Then bring those good comfortable feelings into the present. Let your body feel comfortable here and now. You can let comfortable feelings fill your whole body and mind completely, until there is just no room for discomfort. You can be completely comfortable, and you can keep these good feelings for as long as you like."

LAUGHTER. "Laughing helps pain go away. Think of the funniest movie you ever saw or the funniest thing you ever did or your friend did. Each time you imagine laughing, your pain becomes less and less. You may find yourself really laughing and feeling very good."

RELAXATION. "Concentrate on breathing out, for that is a relaxing motion. If you relax completely when you breathe out, you can reduce the pain. Follow your breathing rhythm. Relax more each time you breathe out. You may find that you can cut the pain in half. And then in half again. Use your energy where it will help you feel better and get better."

DISTRACTION TECHNIQUES

FOCUS ON UNRELATED MATERIAL. Young children often obtain some pain relief if the therapist tells a story, either in its original form or with ridiculous variations such as changing the characters ("Once upon a time there were three little wolves and a big bad pig") or their roles ("Once there was a wolf who cried 'Boy, boy'"). Older children may be distracted by discussion of areas of interest such as sports or music.

FOCUS ON PROCEDURE OR INJURY. This method is especially useful for children for whom cognitive mastery is a major coping mechanism. The therapist asks the child to describe the injury in detail, how it occurred, how others reacted, and so on. In the case of a painful procedure, the

therapist describes various instruments and asks the child to assist by holding instruments or bandages, counting sutures, or checking the time at various points.

FOCUS ON LESSER OF TWO EVILS. If a child feels both pain and cold, the therapist can focus on the cold. If a child is having a spinal tap and also has an IV running, the therapist can focus on the IV.

DIRECTING ATTENTION TO PAIN ITSELF

For various reasons, some children refuse or are unable to focus attention on anything but the experience of pain. The therapist can utilize this behavior to the child's own advantage. By joining with the child and asking for a detailed description of the pain, the therapist can offer subtle suggestions for change and relief. Confusion techniques also help.

LIGHTED GLOBE. "Imagine you are inside a lighted globe and you can see yourself walking around on the inside of a map of your discomfort. Notice that discomfort very carefully. See it right now in a color you don't like. I'll ask you to check it again later. Notice what size it is. It might be the size of a grapefruit or a grape or a lemon. Even a pinhead has a size. We'll check the size again later. And notice the shape. What shape is it right now? And what is it saying to you now? How loud is it right now? Later we'll see if you can still hear it. Look again. What color is it now? That's interesting. It seems to be changing. I wonder how you did that. How small is it now? Can you change the size too? Yes. You are really in charge there in that lighted globe. You are a good map maker. You can go wherever you want. Feel whatever you want. What shape is the discomfort now? Can you still hear it?"

Older children can benefit from a technique of focusing on breathing, then shifting focus to the area of discomfort, with emphasis on the fact that it is changing. Subsequently, the therapist can ask the child to focus on a piece of music, or a smell (e.g., by bringing an open bottle of perfume near the child's nose), and on the discomfort at the same time. The child will gradually learn that the perception of two stimuli fades as the attention is shifted to one.

REINFORCEMENT

We encourage—but do not demand—that our patients practice their skills in hypnotic pain control, using variations or new methods as they see fit. The more confident children are of their ability to use these skills, the more likely it is that they will use them whenever it is appropriate to do so. Other methods of reinforcement include selected use of audiotapes, videotapes, parents acting as therapeutic allies, group meetings, and communication with other patients who have successfully used hypnotherapy for pain control.

After several practice sessions, the therapist can ask the child which type of relaxation or imagery exercise is most helpful. This can be taped and placed over the child's favorite music, if he or she wishes, and made available on a Walkman-type recorder during procedures. The child can also be encouraged to tape himself guiding himself through a relaxation exercise; this can also be placed over favorite music. Therapists should also encourage children who are skilled in pain control to help the therapist coach other children. This gives confidence to the child who is teaching, and the learner will trust that other child.

Pediatric Wound Injection—Using a Visual Distraction Technique

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INTRODUCTION

It is a sad paradox that the injection of local anesthesia into a wound—in order to render

debridement and wound closure painless—is itself painful. In pediatrics, especially, such an unpleasant prelude often aggravates the situation for both patient and physician.

The following technique serves to eliminate the pain of wound injection. It makes simple use of the fundamental fact that consciousness (i.e., present awareness) is limited. Thus, when consciousness is preempted by pain, other stimuli are disregarded. Distraction, then, is merely the redirection of consciousness from painful to nonpainful stimuli. Of course, when distraction redirects consciousness from kinesthetic (i.e., feeling) to visual perceptions, the likelihood of anesthesia is enhanced.

PRINCIPLES

The success of this technique hinges on the following basic principles.

1. All children like to think of themselves as bigger, older, more capable.
2. Confusion is an element of all hypnotic inductions.
3. The degree of absorption of the subject is proportional to the degree of absorption and sincerity of the operator.

PREPARATION

In most cases, the presenting configuration is one of (a) consciousness, fixed and fully absorbed in (b) a stimuli-generating wound. Both members (a and b) of the system warrant preparatory attention. Accordingly, consciousness is unlimbered/unstuck by attending to the wound last while devoting serious, brow-furrowing attention to other parts. The wound is prepared by applying proparacaine 5% ophthalmic drops, after first placing a drop on the subject's hand or forearm: "Now, that may feel just cold, or nothing at all." Then, moving to the wound, "And I wonder how you will even know when it is all the way asleep?"

TECHNIQUE

What follows is a transcript of the technique, from the first moment of the encounter to the conclusion of the injection. Often, the author proceeds from this technique to trance induction and maintenance, thereby offering suggestions for wound healing, continuing comfort, etc., as circumstances require.

[Doctor enters the room, looks directly and inquiringly at the patient, momentarily disregarding parents.]

"And where is [JOHNNY]?" [The child is helpless and unimportant. With this question, he/she immediately becomes the central figure. Moreover, the child now knows something the doctor does not know, and so, is no longer quite so helpless.]

[Child indicates himself as Johnny] "Hi Johnny." Doctor extends his hand [something the child *can* refuse], "I'm Dr. Steve. You really *were* scared, weren't you?" [By affirming the fact that the child *was* scared, the physician is both "pacing" the child's internal experience and consigning that experience to the past.]

[Doctor touches or points to some unaffected part.] "Hmmmm, how is *this* part?" [Unlimbering attention.]

Child: "Okay."

Doctor: "Okay . . . [moving elsewhere], "and *this* part here?"

Child: "Okay."

Doctor: "Okay . . ." [moving again], "and *this* part here?"

Child: "Okay." [giggles, curiously]

Doctor: "So, there really is quite a lot that's okay, isn't there?" [Not waiting for an answer—building response potential. Doctor now points to blood near the wound.]

Doctor: "And I see you had some good *red* blood, didn't you?"

Child: [bewildered nod]

Doctor: "Good. Because if there is one thing I don't like it's blue blood, or that crummy old pink blood. . . . Good red blood."

Thus, the experience of bleeding is "reframed" into an opportunity for the child to witness one of his superior qualities. The doctor

now introduces himself to the parent and re peats the importance of noting whether it is, in fact, good red blood.

[Doctor now turns to the wound.]

"And now I can look." [Doctor regards wound.] "Hmmm, and did you want just three stitches, or four really good ones?" [That the child wants stitches is presupposed.]

Child: "Umm, . . . just three."

Doctor: "Okay, just three stitches."

[The doctor now prepares to suture, placing sterile drapes, etc., and applies proparacaine to the wound.]

Doctor: [continues] "And you're five years old, aren't you?" [Guessing the age at one year *more* than the child's actual age.]

Child: "No. Four." [Again, the child knows something the doctor doesn't know, but the mistake is in the child's favor.]

Doctor: "Oh, I see, but smart enough to be a five-year-old . . . and do you know how to mix colors?"

[Child grimaces ambiguously.]

Doctor: "Well, do you know what happens when you mix red paint and white paint?"

Child: "Mmm. . . ." [Many children will supply the answer correctly.]

Doctor: "It's pink, isn't it?

Child: "Yeah."

Doctor: "And when you mix blue paint and yellow paint?"

Child: "Green."

Doctor: "That's right! So you *can* mix colors. And do you know how to do algebra, too . . .?" [Parents usually discharge some nervous laughter here.] "Okay, so I'm going to *show* you how to do algebra, just like a five-year-old, and mix colors. And this is just for you, Johnny; so your parents can just listen and wonder."

[Doctor now delivers a set of instructions, watching carefully for signs of maximal absorption: eyes roll upward, distracted gaze, altered facial tonus, etc. It is during this period of maximal absorption that injection proceeds. Occasionally, if the child perceives the injection, the operator desists momentarily and reemphasizes the visual/intellectual task at hand.]

Doctor: [continues] "Ready? Okay. There are two dogs, a mother dog and a father dog. And one is blue and the other is yellow. Okay? And the two dogs have four puppies. . . . Half of the puppies are the mixed color; and the other half are the color of the mother. What are the colors of the puppies? . . . And really *think*."

The question creates a focused state of internal absorption, requiring:

1. A mathematical operation (halving four);
2. A visual operation (determining the outcome of mixing colors); and,
3. The resolution of the confusion resulting from the deletion of necessary information (the color of the mother). Similar questions—using other animals, numbers, and colors—can also be posed. It does not matter that some of the operations may be beyond the child's range of competence, so long as they capture his/her attention. However, it is best to allow for some measure of success. Two or three such questions are often used during a single procedure. Of course, the operator must always be seriously attentive and willing to repeat the question or to go on to another.

CONCLUSION

A method for painless pediatric wound injection is presented. Almost daily use of this method has proved gratifying to the author and delightfully surprising to both patient and parent.

Examples of Suggestions for Use in Pediatric Emergencies

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"As I wash it, all of the hurt can be washed away; as I wash and you breathe out, your muscles can get loose, soft, and comfortable."

A pediatric patient with abdominal discomfort, nausea and vomiting enjoyed dancing, so she was told she would be "pleased to find out how little things have to bother you, and you

can be happy to see how relaxed you can become even as you breathe slowly."

"During trance several other suggestions were given. These included the 'ease of learning how to help yourself feel good'; the 'ease of pain control'; and finally 'now that you know you are safe, and going to be okay, you can allow yourself to become more and more comfortable, knowing you don't have to vomit anymore, and that you don't even have to let the hurt bother you.' After pelvic examination, and before termination of relaxation/mental imagery, the posthypnotic suggestion was given that, 'In a moment or two you can stay relaxed, even when you slowly reorient to this room . . . and then you may use this place in your mind and these good feelings to feel comfortable during further examinations, during surgery, and after surgery.'"

The following interaction took place in an emergency room setting with a boy, almost 13 years old with first-time upper gastrointestinal bleeding. He was uncooperative and staff had been previously unsuccessful in inserting the nasogastric tube. "It was apparent that T.S. was in a spontaneous, albeit unhappy trance. He was staring quietly at the blood dripping into the tubing in his arm. His gaze was fixed, He was staring quietly at the blood dripping into the tubing in his arm. His gaze was fixed, his breathing very slow, and his attention obviously focused. I then suggested to him, 'It is nice to know that the blood running is to replace what you threw up.' In a similar, direct, and matter-of-fact way, I also whispered that he was 'smart to come to the hospital when you are sick.' Without altering his gaze or his breathing, he nodded, apparently in response to my comments. The following exchange then occurred:

Doctor: Isn't it good to know that you're going to be okay?

T.S.: [He nodded and turned his head toward me.]

Doctor: I guess it was hard when they put that tube in your nose before?

T.S.: [Shakes head no.]

Doctor: It's to clear all the blood out of your stomach so you won't have to throw up any more blood . . . and then you can begin to get better . . . so it's real important that the tube goes into the stomach. . . . Isn't it good to know that?

T.S.: Yes. [Nod.]

Doctor: Now that you know that, I know that you want to find out how to do that really easily. . . . You know those switches in your brain that turn off hurts? [This metaphoric suggestion for control was offered directly and matter-of-factly—as a foregone conclusion.]

T.S.: [A knowing nod.]

Doctor: Find the one for your nose and mouth . . . and when it's *off*, you know that will make it very easy to swallow the tube down into your stomach. The helping tube will go down easy when the switch is off . . . and, of course, your breathing tube will be very comfortable an won't be bothered . . . this goes only in the food tube . . . I'll help you. Did you notice how when you breathe in you breathe in good feelings . . . and that you breathe out bad feelings?

T.S.: Yes."

HYPNOSIS WITH ENURESIS

A Hypnotherapeutic Approach to Enuresis

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As with any clinical problem in children, the success of a hypnotic approach to enuresis is predicated at least in part upon those things that occur "before" any "official" hypnotherapy occurs. Initially there must be the development of a sensitive and positive rapport with the child, the establishment in the mind of the parents that the clinician is both competent and confident, and the appropriate and thorough clinical assessment of the problem itself.

It is critical that a careful and comprehensive history be obtained so that the clinician can be assured that appropriate medical assessment of enuresis has taken place prior to proceeding to do hypnotherapy and teaching self-hypnosis.

The history should assure that (1) the child is over six years of age (at under age six, enuresis should be considered a normal developmental variant unless the child has been completely dry and suddenly started to wet again); (2) the absence of associated daytime wetting (which most often indicates either an important physical cause or a more profound psychological problem), (3) the absence of known physical causes of enuresis such as urinary tract infections, chronic constipation with or without soiling, urinary tract malformations, juvenile onset diabetes mellitus, diabetes insipidus, hyperthyroidism, or spinal dysraphism. Such histories can be obtained with questionnaires as well as being corroborated during an initial visit.

In the context of history taking and rapport development in the first visit, it is mandatory that the child learn that the clinician (1) believes s/he can help the child help him/herself, (2) knows that the child feels bad about this problem, (3) knows that often many things have been "tried" before that "didn't work," and (4) believes that the child's ideas, thoughts, beliefs and worries are important to the clinician. These can only be accomplished in the context of taking the history from the child, "joining" with the child, and teaching about the body without trying to go "too fast."

I often learn the details of the problem by focusing on *dryness.* Thus when a child comes in, I often ask directly, "What are you doing here?" Some are shy, embarrassed, and/or sad and prefer not to acknowledge the problem right away in this fashion. In turn, I ask instead if they would prefer to "talk about some other stuff for a few minutes before we talk about why you're here or what problems you have?" This provides respect, comfort, and relief, while also creating a positive expectation for what will follow. Ultimately I ask something like, "Lots of kids come here for different kinds of problems, some big ones, some little ones. . . . I wonder what your problem is? "I wet the bed" is usually the answer. My response is usually to *begin the reframing by talking instead about dryness.* I might say, therefore: "I'm sorry to know that. Well, how many times a week do you wake up in the morning in a *DRY* bed? In addition to reframing the focus on dry not wet, this represents the introduction of language that will be used later in hypnosis, and thus is the "planting of seeds" for later use in the cultivation of imagination. The history is then obtained (with the parent present, but usually directed largely to the child) of the frequency of dry beds. We also learn what happens, for instance, whether the child awakens during the night or learns in the morning that the bed is wet, who changes the sheets, whether or not there is or has been punishment and the child's feelings about that, and *what the child perceives will be different when he wakes up in a dry bed every day.* This positive suggestion is offered as an expectation but also as an assessment to identify both the degree of motivation of the child for change, as well as his awareness of how the problem is affecting his life. (Often this results in a response that being dry will enable him to go on more sleepovers or to camp, which previously had been discouraged or disallowed.)

It is important briefly to ascertain the thinking of both the child and the parents about the reason for the accidents. While the response may often take the form of "he sleeps too soundly," or "it's inherited, her uncle wet until age 14," the identification and discussion of their beliefs are nonetheless important. I follow this with a brief explanation that the specific cause is not easily discovered, but that the method that I am about to teach the child can be helpful as long as the child won't mind having dry beds. Another indirect assessment of motivation, this usually results in the child's agreement that he would indeed like to be dry every day.

EXPLAINING HOW THE BODY WORKS

A simple explanation of how the body works, an important part of the approach, is another

medium through which expectations and phrases that will be used during hypnosis may be easily and comfortably introduced. A drawing of the heart, kidneys, bladder, a "gate" or "door" on the bladder, a urethra, a brain, and a toilet are made while teaching about the function of each. The heart is described as a pump muscle that sends blood all over the body. The kidneys are described as a filter, strainer, or "one kid told me once that the kidney was the washing machine for the blood and he was right." The bladder is described as the place where the urine ("pee" or whatever words the family uses) is stored up.

I then stop and ask the child, if he had to pee right then, how would he know. Children often say they feel it, and some say they know they feel it because of their brain. At this point the concept of the *brain as the master computer of the body* is introduced. Using the picture that was drawn and arrows going back and forth between the brain and bladder, a story is told about the brain and the bladder communicating with one another. I present something like this:

Let's just pretend that we could listen in on the communication between your brain and your bladder even though they don't talk loud. So your bladder fills up and it sends a message to the brain like, "Hello, brain, this is the bladder speaking. I'm full." And the brain sends a message back, something like, "Well, we're busy talking now, or we're busy in class now, or we're outside playing now, so keep the gate closed and keep the pee inside because it wouldn't be very nice to pee on Dr. 's chair!" And the bladder sends a message back to the brain like, "Well, that's fine for you to say, but I really have to go; I'm really full." Then the brain says, "Well, okay, so keep the gate closed and I'll send a message to the mouth and tongue to ask where the bathroom is and if I can be excused, and then I'll send a message to the ears to hear the answer and then to the legs to stand up and walk to the bathroom, and to the hands to close the door. *Then* I'll send a message to you to open the gate, bladder, and *let the pee out in the toilet where it belongs*, and then close the gate again." And that's the way it really happens, isn't it? Even though they don't talk out loud, and they have known how to do that for a long time in the daytime, haven't they? Since you were about [*age, parent fills in the age of daytime learning*] . . . *So they already know how to talk to each other just fine all day long* [positive suggestions, ego-strengthening about competence]. [If the child is also having some dry beds each week, I add something like:] *And even two or three nights each week they talk to each other fine.*

I then ask the child and parent what they think the brain is *doing* at night. Often the response is that the brain is asleep. Irrespective of the response, however, I continue the notion that:

The *brain is the boss of the body. The brain takes care of us*, and even when we are asleep it may be resting, but it is paying attention, taking care of us, dreaming, keeping our heart beating, our lungs breathing, telling us how to kick the covers off if we're too hot, to turn the pillow over, etc. Sometimes the brain and bladder get in the bad habit of not talking to each other at night, and they need some reminders and some training, just like you trained yourself when you were even younger. And now that bladder and that brain [dissociative suggestions] know what to do without thinking about it out loud. So, when you learn this relaxing and imagining in a few moments [or, at the next visit], *you'll learn* how to give them instructions to talk to each other just fine during the night so you can wake up in the morning in a nice, warm, comfortable, dry bed.

I often offer the suggestion, then, that they keep track of dry beds during the next two weeks, and that before going to sleep at night, they look at the drawing of the body and "just think about what we talked about. I don't know what instructions you will give your brain and bladder about how to talk to each other. Maybe you will tell them to talk to each other during the night and either have the brain wake you up so you can walk to the bathroom, open the gate pee in the toilet and walk back to your nice, warm, comfortable dry bed, *OR* maybe you'll have the brain simply tell the bladder to keep the gate closed through the night. I don't know which" [This so-called double bind suggestion is a no-lose suggestion that offers choice within the context of the desired outcome of dryness.]

Whether the "official" hypnosis session is conducted that day or at the next visit, it is done in the context of a carefully developed positive relationship of trust, of a positive expectation for success, and of a mutual understanding of how the body works.

RELAXATION AND IMAGERY FOR ENURESIS

INTRODUCTION. Now that you know about how the body works and have been thinking about it, I'm happy to show you how to use your inside thinking and daydreaming [or pretending or imagining] to help teach your brain and bladder how to talk to each other even better than they already are doing.

IMAGERY (INDUCTION). Just go ahead and close your eyes and pretend or daydream something fun. Notice everything about whatever you are daydreaming about—what you see and hear there, who's there with you. Notice the smells, tastes. [Enhance the imagery with emphasis on enjoyment, on "*because* you're the boss of your imagination like you're the boss of your body."] While you are daydreaming or pretending or imagining—I don't know which you like the best—make sure it is really fun *because* [children, like adults, need a *reason* to carry out the suggestion] you are the *boss of your imagination* [ego-strengthening]. *Notice* [an invitation to concentrate, pay attention] what you *see* there in your imagining, who is with you or maybe you're alone or with friends or family or new friends, where you are, whether you're inside or outside, whether the weather is hot or cold or in between, or rainy or snowy, and *hear* the sounds there in your *favorite place*. Maybe you'll hear voices of people talking, or sounds of music, or machines, or of the weather, or maybe it's quiet and you'll listen to the quiet, and *notice* the *smells* where you are imagining, and the *tastes* there.

RELAXATION (DEEPENING). To enhance the imagery and ego-strengthening and to deepen the experience, suggestions about relaxation are often added. For example: "You probably already noticed that your face muscles are relaxed and that your breathing is slower than it was before. That's *because* you are doing this exactly the right way, and since you and your brain are the boss of your body, you can even make your relaxation even more than it already is, because our bodies already know how to relax, and we even relax a little bit each time we breathe out. Just notice how your shoulders go down every time you breathe out [pause, and add "that's right" on the next exhalation]. So, to help relax even more, just take a slow, deep, breath, in, and, out, and when you breathe out, say relax to yourself in your inside thinking, and just notice what happens as your shoulders go down and relax" [e.g., "just like Raggedy Ann"]. Pacing and leading according to cues from the child, proceed with progressive relaxation down the body, utilizing language comfortable for the child ("letting your muscles get loose and floppy, maybe like jello or spaghetti!").

UTILIZATION—THERAPEUTIC SUGGESTIONS. Now that you have given your body good relaxation, keep enjoying your imagination, or maybe you're having a new daydream, I don't know. But, in another corner of your mind, just imagine that you are in your bedroom getting ready to go to bed. Let me know when you notice that in one corner of your thinking. [Head nod, finger signal, etc.] While you are noticing that, just watch yourself getting ready for bed, and notice how before you go to bed you walk to the bathroom, send a message from your brain to your bladder to open the gate, let the pee out in the toilet where it belongs, close the gate, and then walk back to your bedroom and get ready to get into your nice, warm, dry, comfortable bed.

While you do this special inside thinking practice, it's best to do it sitting up before you fall asleep. Then *remind* [they already *know*, they just need reminders] your brain and bladder that tonight while you're asleep you will have a good night's sleep, and a great dream, and during the night while you sleep if your bladder fills up with pee it will *of course* send a message to your wide awake brain to let it know. And then your brain will have *two choices*: either wake you up, wide awake, get out of bed, walk to the bathroom, send a message from your brain to your bladder to open the gate, let the pee out in the toilet where

it belongs, close the gate, and then walk back to your bedroom and get ready to get into your nice, warm, dry, comfortable bed, *OR* send a message back to the bladder to keep the gate closed until you wake up in the morning *proud and happy* in your nice, warm, dry, comfortable bed.

I don't know which one your brain and bladder will choose . . . maybe sometimes one and sometimes the other, or maybe one and not the other. But before you go to sleep you can remind them to be sure and talk to each other tonight, *just the same way they talk to each other so well all day long, because your brain is the boss of your body and the main computer.* And *when* you *practice* this way, the way you are doing so well, you are really programming the computer, just the same way you teach your brain to teach you to do so many of those other things you do so well. [Include here other things that the history indicates that the patient does well without thinking about them, such as playing soccer, singing, musical instrument, grades, video games, etc.] So, the more you practice, the better you get.

Now, before you finish, take a few moments of inside thinking time to repeat those messages to yourself . . . and to let me know when you have completed that [signal]. Great! Now, keep enjoying your daydreaming for these last few moments. I don't know who will be most proud of you when you have given yourself a dry bed every morning . . . but probably you will be most proud and the . . . I don't know . . . Mom or Dad or me or who . . . but *when* you practice each day for 10 or 15 minutes, two or three or maybe only one time, be sure and do it just as easily and well as you learned today. So, start your self-relaxing by closing your eyes and thinking of something fun like you're doing now . . . it might be the same thing as now or something different but you'll find out because you're the boss of your imagining . . . and then when you're ready, you can relax your body, either from head to toe or toes upward. One kid I know starts at his belly button and goes both ways! And then when you're ready, be sure to give instructions to your bladder and brain about how you want them to talk to each other during the night. And when you're finished, then you'll be done. When you're practicing at night you can then just fall asleep, and if you're practicing in the day, then you can just gradually come back to where you were at the start, but be sure to bring your proud and relaxed feelings with you!

[At the end of the session, I tell the patient I thought he did a wonderful job. I also ask, "What did you notice that you liked the most?" as a reinforcement, and ask him for a time commitment as to when he will practice the self-hypnosis at home. Following reinforcement about keeping track of dry beds, we then agree on a time for a return visit.]

Imagery with Bedwetting

H. E. Stanton, Ph.D.
Hobart, Tasmania, Australia

INDICATIONS AND CONTRAINDICATIONS

Enuresis is an extremely common pediatric problem, but one that requires careful evaluation, as just indicated by Kohen. Before the age of five, the majority of bedwetting does not seem linked to organic or underlying psychological or family system causes (Olness & Gardner, 1988). Situational enuresis and secondary enuresis (where there previously was good control) are somewhat more suggestive of the absence of an organic problem. However, it is recommended that a careful medical evaluation always be conducted in children over the age of five. A pediatrician needs to rule out such potential organic causes as diabetes, urinary tract infections, congenital anomalies, seizures, occult spinal dysraphism, neurological etiologies, hyperthyroidism, and potential contributors such as diuretic medications and caffeine drinks (Olness & Gardner, 1988). Functions of the symptom within the family system and historic, unconscious factors may be ex-

plored through interview assessment and ideomotor signaling. When hypnosis is used, cassette tapes may assist in reinforcing suggestions. An addition to the suggestions provided by Stanton is to suggest repetitively that the control panel "will send a message to wake you up when the dam is full and you need to pee. Then you can get up, walk to the bathroom, urinate in the toilet, and enjoy going back to sleep in your dry bed." (*Ed.*)

SUGGESTIONS

Imagine a dam equipped with gates to hold back the flow of water. When they are open, water flows through the dam; when they are closed, no water is able to pass. Their operation is controlled by a computer-controlled instrument panel. As soon as you get into bed, set the controls in such a way that the gates are closed. They are to remain that way until you awaken in the morning. At that time, change the controls on the instrument panel so that the gates will open.

Induction and Ocean Metaphor for Bedwetting

Valerie J. Wall, Ph.D.
Seattle, Washington

INDICATIONS AND CONTRAINDICATIONS

This procedure is designed for working with children between seven and twelve years of age who enjoy and have been to the beach. As cited at the beginning of Stanton's paper, it is vitally important to obtain careful pediatric evaluation for bedwetting problems prior to pursuing psychologically oriented therapy. (*Ed.*)

PRE-INDUCTION

Today I want to talk with you about learning to keep your bed dry at night and feeling a greater sense of self-confidence and control when you're sleeping at home or at a friend's house. We know that learning to have dry beds is something that people do as they grow older and develop more regular patterns of sleeping during the night. Some people do this when they are very young, perhaps two or three years of age, and other people do this when they are somewhat older. Still other people develop more adult sleeping patterns and dry beds at night when they are in middle school. I'm not exactly sure at what age you will develop these patterns; however, I am sure that you can teach your mind to have greater control over urinating so that when your body is ready, you will be able to be confident and comfortable every night.

In order to assist you in feeling dry and more confident, I am going to talk to you about a walk which you and I can take in our mind's eye, and I'm also going to talk to you about the things we can observe on this walk. We will be taking a walk, in our mind, to the beach, where there are many interesting things to see. While I'm talking with you, you can simply relax and picture the things that I am talking about. As you picture them in your mind, they may look just the way I've described them to be, or they may look somewhat different to you. Either way is fine, for you will be able to understand and remember the most important parts. You may choose to close your eyes while I'm talking to you, or you may choose to keep your eyes open. Either way is fine with me. I'd like you to choose the way which allows you to concentrate most successfully on what I'm saying and which allows you to create a very real imagination experience in your mind.

INDUCTION

To begin, I'd like you to sit comfortably in the chair, allowing all the muscles in your body to relax, and enjoy the feeling of being fully supported and at ease. Remember, that if you choose to close your eyes, this may be helpful to you in making your imagination experi-

ence more real. . . . [At this point, with the older child, I encourage children to close their eyes by suggestions for eyelid heaviness or seeing the pictures better when their eyes are closed. I do not suggest drowsiness or sleepiness, as this is somewhat disconcerting to many children.]

DEEPENING, ENHANCEMENT, AND BEGINNING OF THERAPEUTIC STRATEGY

As you and I prepare to go on our walk, you may notice that we are in a very pleasant surrounding in which there are numerous plants, and some small and rather friendly animals. You may also see larger animals which are friendly and curious about our presence here. One other thing to notice is that we are on a definite path, and that pathway seems to be leading gradually toward a small hill, which slopes down in the direction of the ocean. While we are still quite a ways from the ocean, you can notice that it is some ways off in the background. As we walk along this path, you can watch the animals playing, the birds flying, and notice the peacefulness and yet the amount of busy-ness occurring around you in the lives of the small animals.

It is a very pleasant time of day, perhaps the late afternoon, with the sun about halfway down to the horizon. As we walk along this pathway it becomes more tranquil and peaceful, with many interesting events going on around us. However, you can feel calm and at ease. We are gradually approaching a small slope which leads down to another flat area between the ocean and us. As we go down this slope, we can travel at an even and smooth pace without unnecessary hesitation or unnecessary hurrying. As we reach the next level, the sunlight is somewhat less bright. However, there is still ample light and it is not yet dusk. This level of the pathway is even calmer, and we can feel the tranquility, peacefulness and comfort of this area of the path, as we walk along through the grasses and brush, through the little bushes and flowers. There continue to be animals of interest to us along this part of the path. However, the animals are somewhat less active than before; they seem more drowsy, as if they know that evening will be coming in a while. And now, perhaps, you can see ahead of you another slight slope downward, and this slope leads to the beach.

Once again, as we approach this slope, you know that it is possible to walk down it at an even pace, a pace which demonstrates to you your control of your muscles. You are able to walk down the slope without having to run or to go very slowly, and as you go down the slope you can see in front of you the wide sands of the beach. It's a beautiful beach with waves coming up on the shore. The sunlight here is very tranquil and the ocean is very beautiful. As you walk along the beach, you will notice the shells, and the seaweed, and the seashore animals that live here.

Of particular interest is an area of rocks where there are some tide pools that have formed. The water inside these tide pools is contained perfectly within them by the rocks, and it provides the perfect home for the seashore plants and animals. We know that the tide of the ocean, which rises and falls, and the waves, which move rhythmically, are controlled by the force of gravity which comes from the moon. The moon acts sort of like a master control above the ocean and the tide pools. It contains them well within the ocean beaches, and allows the tide pools to stay in their basins. The moon maintains control over the tides and the tide pools, and provides a comfortable home for the animals of the beach. The moon does this for the oceans and the beaches and the beach animals in the same way that your mind can do this for you.

In the same way that the moon controls an even and steady rhythm for the ocean, so your mind can maintain an even and steady rhythm for you while you sleep. This rhythm will allow you to sleep comfortably and allow you to maintain control over your bladder. By doing this, you will be able to experience the comfort and confidence of dry beds. As you prepare to

come back from your walk along the beach, you can enjoy knowing that this is a place to which you can return at any time, a place where you can learn greater control of mind and body together. Greater control of mind and body allows you to feel more confidence in yourself and in your physical growth. The more often you return and the more often you practice, the easier it will become for you to have control of mind and body together. The easier it becomes, the easier it will be for you to practice and the more confidence you will experience. You will find that this is very pleasant and easy for you to do, and that your learning and development will improve on a regular basis as you come back to the ocean in your mind's eye and practice what you have learned.

And now I would like you to begin walking back across the ocean sand toward the path that brought you here. And as you walk back across the beach, you will come to the gentle slope that leads you down to the beach. You will find that it is very easy to walk back up this slope, and that you can do so at a regular and controlled pace, which is just the same as the walking rate you maintained on the beach. And you can walk back across the second flat area where the animals were a little more sleepy, and notice how comfortable and contented they are. These animals live up from the beach in a dry area and enjoy the warmth and comfort of the dry sand and grasses around them. And you can continue across this area up towards the next slope. Once again, you can walk up this hill at a comfortable and even pace, on to the first flat area where our path began. Here the animals are more active and playful, just as they were before. And they, too, are comfortable and happy in the warm, dry grasses and sand of their homes.

RE-ALERTING

And when you have walked across the path and up the slopes and across the flat areas, you can begin to sense that you are returning closer to being in the chair in this room. And you can return from your imagination experience whenever you are ready, knowing that you can revisit the pathway, the slopes, the flat areas, the sand, the ocean, and the tide pools at any time. You will know the sun and the moon will always be above to guide your progress. And whenever you are ready, you can open your eyes and return to this room alert, relaxed, and refreshed, feeling an increased sense of confidence and well-being. And I'm going to be quiet now, and you can open your eyes whenever you feel that you are ready.

[After the induction and therapy phase, I discuss with children their responses to the therapeutic metaphor. I have included the concept of a walkway which either changes directions or moves into different areas across slopes in order to assist youngsters with maintaining an even pace across phases of sleep. This is incorporated along with the metaphor of the moon's control over the tide pools, as there was some research done in the Stanford Sleep Research Lab in the late 1970s which suggested that bed wetting might be tied to inappropriate neurological triggering when moving from one phase of sleep to another.]

Suggestions with Enuresis

Franz Baumann, M.D.
San Francisco, California

You can wake up all the way when you need to empty your bladder. You can learn how good it feels to empty your bladder completely. You can learn to control the flow of urine from your bladder through your penis. You can learn to enjoy fully the feeling of urine coming from your penis. Because this enjoyment is such a good feeling, you will want to be fully awake for it at all times. You can practice stopping and going every single time you urinate. Every time you do this you can learn that *you are the boss* of your bladder and urine. You can have a wonderful feeling of pride every time you put your urine where you really want it, namely,

into the toilet. You can do all these things because they make you happy. [They are taught to repeat these suggestions in self-hypnosis before going to sleep.]

Erickson's Suggestions with Enuresis

Milton H. Erickson, M.D.

This is the second day of January . . . and you have wet the bed, your parents say, every night for twelve years. You know that and I know that, so now let us forget about it. Let us talk about something that is really important. Now, this is the second of January, and I don't think it would be reasonable, not the least bit reasonable in any way, for me to expect you to have a permanently dry bed two weeks from now. And you know, by that time January will be practically over, and then February is a short month. Does anybody want to dispute that? It is a short month, and I certainly don't think you ought to start a permanently dry bed before March. It doesn't seem reasonable that you do it before then, but I will tell you what you might be interested in doing. In a couple of weeks from now [I point to the calendar on the wall], I would like to have you puzzle mentally over this question: *In two weeks from today, will it be on Wednesday, or will it be on Thursday, that I will have a dry bed for the first time*? Two weeks from now, *will it be on Wednesday, or will it be on Thursday, that I will have my first dry bed*? And you will have to wait until Friday morning to know for certain, and so that Friday you will come in to tell me whether it was Wednesday or whether it was Thursday. . . .

[Later, after some progress the suggestions were given:] February is such a short month . . . that you really ought not to have a dry bed, reasonably speaking, more than three times in any one of those four weeks of February—three times in succession in any one of those weeks. Now that doesn't mean you can't have one dry bed or two dry beds, but I don't think it would be reasonable to expect more than three dry beds in any one of those four weeks. . . .

[After still more progress it was suggested:] Now, I still don't know when your permanently dry bed will come about, but you are Irish and St. Patrick's Day is a very nice day; but when I think about how your father and mother have treated you, I think April Fools' also would be a very nice day. There is one thing I would like you to get straight, Joe, and that is that when you have your dry bed, whether it is on St. Patrick's Day or April Fools' Day or any day in between, *that day is your business*. It is none of my business. It is nobody else's business either.

Enchanted Cottage Suggestions for Enuresis

Don E. Gibbons, Ph.D.

As you look around the room we have entered, here in the enchanted cottage, you see a fireplace at the far end of the room, with a warm log fire burning brightly, and beside the fireplace is an easy chair, which looks so comfortable that you decide to go over and curl up in it for a while.

Our journey here has made you sleepy, and as soon as your curl up in the chair and begin to watch the fire, you find yourself starting to drift off to sleep, soundly and comfortably, there in that soft easy chair.

Now you are sleeping very soundly. But in just a minute or two, you are going to have to go to the bathroom. And as soon as you begin to feel that you have to go to the bathroom, you are going to start to move around, and you will open your eyes and wake up before you have wet. Your eyes will open, and you will be completely awake before you actually start to do anything. And when you do open your eyes, you will be back here with me, and not in the cottage anymore. We can go back to the cottage after you have gone to the bathroom. But first, you will open your eyes and wake up, ready to

go to the bathroom before you have wet. And from now on, whenever you are asleep at night, you will wake up before you have wet, just as you are going to do now.

Any time now, you are going to feel that you have to go to the bathroom, and you will begin to move around, and your eyes will open before you have wet.

SUGGESTIONS FOR THUMBSUCKING

Erickson's Suggestions for Thumbsucking

Milton H. Erickson, M.D.

Your father and mother want you to stop sucking your thumb, and they told you that they were going to bring you to me and make you stop. I'd like you to understand one thing: your thumb is your thumb; your mouth is your mouth. If you want to suck your thumb, you go right ahead. Your Daddy can't boss me; your Mommy can't boss me; and I'm not going to boss you. *But if you want to, you can boss your thumb, and you can boss your mouth, and you can go ahead and suck your thumb as much as you like.*

[. . . I pointed out to him that I thought it awfully unfair that he sucked only his left thumb; that his right thumb was just as nice a thumb and it was entitled to just as much sucking, and that I was astonished (that he wasn't sucking his right thumb as well). Little Jimmy thought that he was at fault. Being a nice, bright boy, Jimmy should be willing to suck *both* thumbs. But, you see, what happens is that as surely as Jimmy sucks *both* thumbs he has cut down sucking his left thumb by about fifty per cent. He has reduced his habit. And what about that forefinger, and the other three fingers? *When you start dividing, you start conquering.*]

Now, let us get one thing straight. That left thumb of yours is your thumb; that mouth of yours is your mouth; those front teeth of yours are your front teeth. I think you are entitled to do anything you want to with your thumb, with your mouth, and with your teeth. They are yours, and let us get that straight. I want you to do anything you want to do. . . . One of the first things you have learned when you went to nursery school was to take turns. You took turns with this little girl and with that little boy in doing things in nursery school. You learned to take turns in the first grade. In fact, you learned to take turns at home. When Mother serves the food she serves it first to one brother, and then it may be your turn, then it may be sister's turn, then it is Mother's turn. We always do things by turns. But I don't think you are being right or fair or good in always sucking your left thumb and never giving your right thumb a turn. . . . Your left thumb has received all of the sucking. . . . The right thumb hasn't had a turn; the first finger hasn't had a turn; not a single other finger has had a turn. Now I think you are a good little boy, and I don't think you are doing this on purpose. I think you really would like to give each of your fingers a proper turn. [Can you imagine giving a turn to ten separate digits? Can you imagine a more laborious task in the world? And Jimmy strove manfully to give his fingers an equal turn at sucking. Next I pointed out:] You know, Jimmy, you are over six years old now, and soon [in two months] you will be a big boy of seven; and you know I have never seen a big boy or a big man that ever sucked his thumb, so you had better do all of your sucking before you are a big boy of seven. [No longer a mere six. He would be joining the big kids when he turned seven years old.] And you know, Jimmy, I don't know a single big kid that sucks his thumb, so you'd better do plenty of thumb sucking before you join the big kids. You'd really better get plenty of it.

Suggestions with a Four-Year-Old Thumbsucker

Lawrence M. Staples, D.M.D.

INTRODUCTION

Gretchen was four years old and sucked her thumb "continuously," in spite of anything that her parents could do to stop her. The young lady happened to come to my office with her mother and an older sister. Out of curiosity she came into the operatory while her older sister was having dental service rendered, and she saw her older sister calmly reposing in a deep state of hypnosis. After older sister's dental period was over, Gretchen came running into my operatory and said she wanted to "hippatized . . . hippatized like big sister." My first thought was to merely give Gretchen a ride in the dental chair, but she insisted that she be "hippatized."

INDUCTION AND SUGGESTIONS

[Following an induction utilizing her teddy bear:] You are now doing just what big sister was doing a few moments ago, which means that you are being big, and some day you will be big like big sister, for you really are getting bigger and bigger and smarter and smarter every day. And pretty soon you will be big like big sister and will go to school just like big sister, for you really are getting bigger and bigger, and smarter and smarter every day. And pretty soon you will be big like big sister and will go to school just like big sister, because you are getting bigger and bigger every day . . . and pretty soon you will be so very big that you will not suck your thumb anymore. Of course lots of little girls and boys suck their thumbs, perhaps I sucked my thumb when I was a very little boy, but if I did, as I grew bigger and bigger, like lots of little boys and girls, I stopped sucking my thumb because I had grown big, and I'll bet pretty soon you are going to get so very big that you will not suck your thumb anymore. Perhaps it will be next month, perhaps you will be so big by tomorrow, or perhaps it will be by the next day, and when that thumb goes up to your mouth you will say, "Naughty thumb, I am not going to suck you anymore, because I am a big girl now. You just stay out of my mouth. Big girls don't suck thumbs. That's just what little people do. I am getting to be a big girl. You, Mr. Thumb, stay out of my mouth." Yes, Gretchen, you are getting to be a big, big girl, you have been hippatized just like big sister, and you will pretty soon be big and you will not suck your thumb anymore, not any, anymore.

MISCELLANEOUS PEDIATRIC PROBLEMS

Metaphor for a Boy with Behavioral Problems

Norma P. Barretta, Ph.D., and
Philip F. Barretta, M.A.
San Pedro, California

INDICATIONS

This is a metaphor that was designed for use with the family of a boy with severe behavioral problems. The father was busy, the mother handicapped, and there was an irresponsible older brother and an older sister who wished to leave home. Parts of the metaphor that were designed for each family member are specified in brackets.

METAPHOR

Once upon a time, there was a herd of wild horses roaming the hills of southern California,

eating the scrub grass, and running through the valleys. [Boy] This herd of horses had many beautiful, wild horses in it. None of these horses had ever been around human beings, and none had ever been broken to do work. None of the horses in the herd could be controlled by human beings. All of their lives they had roamed free.

In the valley below the mountains where the horses ran, there was a town where many farmers lived and worked. As you know, farmers often have horses on their farms to help with the work and to give rides to the farmers and their families. When any of these farmers needed a good horse to help them with the farm work, they went to the Bee Haven [behaving] Ranch.

The Bee Haven Ranch was a famous ranch in that part of southern California, for the rancher who owned the land was an excellent trainer of horses. In addition to training horses, the ranch raised bees and made an excellent honey which was sold in the town.

At the Bee Haven Ranch there were all kinds of horses and they all had jobs for which they were trained. There was a strong and dependable work horse. This work horse [Father] was smart and knew just how to best help the rancher with the duties and responsibilities at the ranch. Sometimes the strong work horse worked longer hours than even the rancher, making sure all the jobs on the ranch got finished. This horse was a steady worker. The rancher knew he could depend on this well trained work horse.

There was also a group of well trained show horses at the Bee Haven Ranch. These were being trained for the circus. [Sister] This team of show horses consisted of four snow white horses who knew exactly what the world would expect of show horses. They had been trained for this job, and they were ready to join the circus. They were in the final stages of training, and the rancher was just about ready to send the snow white show horses to the circus. As they waited for the final days of their training, the show horses worked together and worked with other, not-so-well-trained horses to help the rancher in the horse training activities at the ranch.

[Mother] The ranch also had a lovely horse named Lady who was the rancher's wife's horse. Lady had recently fallen and had hurt her knee. Lady was being treated by the vet. Lady could not help the rancher with the training of other horses while she was sick, but she was still strong and would soon be able to help the rancher again. Lady would never be able to carry heavy loads again, the vet told the rancher, but she could help with some of the easier training jobs.

[Brother] A team of brown horses that were supposed to go to the Budweiser stables was also at the ranch. These horses had been well trained, at least as well as the snow white show horses, but did not like to remember their training. The brown horses did not like to work together and did not like to remember all the things they had been taught by the rancher and the steady work horse. These brown horses knew what to do, but they didn't like to do what was good, so they just played around all day and didn't learn their lessons and didn't help the rancher.

As you can see, the brown horses would not make good work horses and would not make good show horses. It is very difficult to know what to do with such horses. The rancher at the Bee Haven Ranch is getting ready to catch the wild horses in the hills and train them to be good work horses.

When the rancher catches the wild horses, he saves them from starvation (from overpopulation) and provides warm, safe homes for them. Wild horses, when there are too many of them, can get into trouble. So, the rancher will catch some and make them into good, dependable work horses. It is important, too, that when the rancher starts to train the wild horses only the best horses on the ranch share in the training duties. It would not be a good idea for the wild horses to learn the brown show horses' bad habits. The training of the wild horses must follow the examples of the steady, dependable work horse, the snow white show horses, the lovely horse Lady, and the rancher himself.

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Hypnosis in the Treatment of Tourette Syndrome

David N. Zahm, Ph.D.
Lawrenceburg, Indiana

INTRODUCTION

Gilles de la Tourette syndrome is typically diagnosed in childhood, and boys display this problem three times more frequently than girls. Zahm (1987) has stressed that the clinician must have a good understanding of pediatric hypnosis (Olness & Gardner, 1988) in order to be effective. He finds that parents have often been frustrated with previous failures in controlling the tics and will usually be rather skeptical of hypnosis. Parents may be willing to experiment with hypnosis, however, after medication has failed or produced negative side effects.

Zahm explains the organic etiology of TS, but stresses the mediating effect of anxiety and stressful life circumstances. Thus, it is explained, the relaxation and focused concentration of hypnosis may serve to reduce tic frequency. Parental myths and misconceptions about hypnosis must be dispelled, since the parents' involvement is crucial. The author further recommends that parents be invited to observe at least one hypnotic session. Children are encouraged to practice self-hypnosis but the responsibility for practice is left with the child, thus avoiding power struggles. Zahm obtains a baseline measure of the frequency of the tics and then sees the patient twice a week for outpatient hypnotherapy. Frequent sessions facilitate rapid mastery of skills, greater encouragement to practice self-hypnosis, additional reinforcement of suggestions, and increased awareness of treatment gains. A self-hypnosis practice record may facilitate compliance. He finds that children often respond well with a directive approach that might be offensive to adults. (*Ed.*)

SUGGESTIONS

[These suggestions are given following hypnotic induction and deepening.]

On each word that I say, you may let all other thoughts—all other feelings—all other sounds fade, fade away into the distance so that everything that I tell you you may take to help you with your tics. As I talk to you, you may let yourself relax more and more completely, and without even thinking about it, your mind automatically makes each suggestion a part of your everyday life, helping to solve your problems. As you drift along, you feel yourself relax, deeper and deeper relaxed—way down—so that more and more you know that you are the boss of your body. You can control your tics—all your tics [list specific tics]. Now, right now, you can begin to control your body and relax and be rid of your tics. You have control, you have the say. You are relaxed and very, very comfortable now and are able to control your tics. Now, very good, you can and will be able to control your tics and relax other times, whenever you wish. You are the boss, you can make your body do what you want it to. You can relax your muscles and make your body stop your tics—stop [list specific tics].

Now, as you drift along deeper, deeper relaxed, deeper, deeper relaxed—way down, you feel very, very sure that you are able to relax and control your own muscles. These suggestions may sink down, down into your memory and you will be able to completely remember. You know that you are the boss of your own body, and that you can relax and stop your tics—all your tics [list specific tics].

You can use this very nice, calm, relaxed feeling to help you throughout the week. Whenever you are tense or uptight, you can relax, just like now, and feel the tension leave your body. Each time you practice at home, you will be better able, better and better all the time, to relax and control your tics. You are getting better and better—relaxing and able to control your tics. You know what to do whenever you are upset or tense, just relax and calm yourself—you're the boss of your own body, you have the ability to control your muscles and stop your tics. Each time you practice, you get better and better, more and more relaxed and able to control your body.

Now that you fully understand and are able to enjoy and use this pleasant relaxation, I want you to begin to become more alert, beginning to wake up, feeling very, very good—refreshed and very comfortable. You remember that each time you practice, either at home or here, you will be able to better relax and enjoy this calm sense of relaxation. Soon it will be time to be fully alert, fully awake. Feeling fresh, feeling fine. And as you awake, now awake, you remember and feel fine, feel very good.

A New Hypnobehavioral Method for the Treatment of Children with Tourette's Disorder

Martin H. Young, Ph.D.
Worcester, Massachusetts
and
Robert J. Montano

INTRODUCTION AND INDICATIONS

The authors describe an innovative treatment method for children with Tourette's Disorder that utilizes self-hypnosis with habit reversal and response prevention techniques. They documented its effectiveness in three case studies and made suggestions for further controlled research in their original publication, from which the description of their technique is adapted (Young & Montano, 1988). The original article may be consulted for further details, literature review and references.

Their method offers an encouraging treatment option since psychotherapy has proven of limited effectiveness for patients with tics. The authors recommended that the clinician should limit the children's target choices (for change) to tic behaviors that are the most easily managed and the most distressing, so that too many tic behaviors are not targeted. They also suggested that this technique may have the potential to embarrass the child when he or she becomes increasingly aware of the tic behaviors. (*Ed.*)

PROCEDURE

At the time of the initial interview a detailed description of each tic behavior was obtained. The salient characteristics of each tic behavior included: when it occurs, which muscle groups are involved, and its frequency, intensity, and duration. This was requested independently from both the parents and the child. Baseline data were collected by parents, at home, after the initial visit.

The treatment design has three major phases: (1) discrimination training and skill acquisition; (2) skill application and problem resolution; and (3) generalization, symptom mastery, and maintenance.

DISCRIMINATION TRAINING AND SKILL ACQUISITION. A commonly described characteristic of individuals who have tics is that they tend to be unaware of the type, frequency, and intensity of their tic behaviors. The first step in phase one is to increase the patients' awareness of tics and to help them to discriminate the tic from other motor behaviors. This was accomplished in the following manner.

Two methods were used to enhance awareness of tic behaviors. The first method consisted of asking the children to identify the tic behaviors they would like to decrease first, and then, both parents and children were asked to separately record the frequency of this tic. This was performed at a time when the tic behaviors were known to occur and could be conveniently recorded for one hour. The second method was designed to help the children discriminate the tic behavior from other motor behaviors by directly observing themselves alone in a mirror or face-to-face with a parent for 15 minutes a day.

Simultaneously, self-hypnosis training was initiated. A naturalistic approach (Gardner & Olness, 1981) utilizing a muscle relaxation induction technique with visual imagery for deep-

ening of the trance state was used. Children were interviewed for activities they found enjoyable and relaxing. These were incorporated into the suggestions for deepening of the trance by visual imagery. Instructions for progressive muscle relaxation training (Jacobson, 1973) included suggestions for the children to let their arms "go floppy like a rag doll." Instructions to deepen the trance state were facilitated by using imagery and asking the children to think of activities they have found enjoyable (i.e., fun, pleasant), different sensations associated with these activities, and suggestions of being in control of themselves.

For example, "Now that your arms feel floppy, think about something that you've done or would like to do that you really liked and found fun. Imagine yourself being there again . . . the feelings you had . . . the smells, sounds, and the things you saw. Notice how good you feel right now . . . how in control you are of your body, feelings, and thoughts." Children were initially given an audiotape of their first training session with the therapist and were instructed to listen to the tape for approximately 15 minutes twice a day.

SKILL APPLICATION AND PROBLEM RESOLUTION. The children were requested to identify the subjective urge that precedes their tic behaviors in imagination, as part of the instructions in the use of the symptom-prevention technique. Self-hypnosis aided the children by increasing their ability to concentrate and focus on this urge. The therapist determined the muscle response that competed with the tic behavior as part of the instructions in the use of the habit-reversal technique. During self-hypnosis, the children were asked to imagine their tic behavior occurring. They were asked to select and apply which of the above two procedures would be most successful in decreasing their tics.

GENERALIZATION, SYMPTOM MASTERY, AND MAINTENANCE. The children were instructed to continue self-hypnosis practice in imagination, while applying their chosen technique for approximately 15 minutes a day. During the treatment session, the children were instructed to practice self-hypnosis with their chosen technique to decrease their tiquing behavior. Generalization, outside the treatment session, occurred by instructing the children to use their chosen technique during periods of high-frequency tics. Recording of tic behaviors by the children and their parents continued. Symptom mastery was defined as the time when the tic behavior was no longer occurring or when the children reported that they felt adequate self-control. Parents continued to monitor their children's progress and were instructed to utilize verbal praise and special privileges and/or activities to positively reward their children for achieving symptom mastery.

Recurrence of tics is common among children with TD following initial treatment. Therefore, a relapse-prevention technique (Marlatt & Gordon, 1980, 1985) was employed as a precautionary measure to insure treatment gains. Relapse prevention consisted of discussions with both children and their parents about the probability of tic behaviors recurring. The children were asked to think about how they would respond if relapse occurred and then to imagine during self-hypnosis how to respond successfully. They were then instructed to utilize this approach if and when relapse occurred. Parents were instructed to expect relapse to occur and to support their children's efforts at self-management.

SUMMARY

This hypnobehavioral method appears to be an extremely effective psychotherapeutic procedure for the treatment of TD. It utilizes self-hypnosis to allow the child to self-select one of two promising treatment techniques: habit reversal and response prevention. Furthermore, the present method represents a brief treatment model which can be easily applied by the clinician and learned by the child.

Self-hypnosis plays multiple roles in this approach and can be incorporated into a cognitive interpersonal model that is multi-interactional. First, self-hypnosis provides the means by

which the child can successfully achieve greater self-awareness, motivation, and concentration. This helps the child maintain focused interest in treatment. Second, self-hypnosis permits children to self-select habit-reversal or response-prevention techniques to control their tic behaviors in imagination. Third, self-hypnosis facilitates reduction of symptoms in imagination. Fourth, self-hypnosis helps children to modify cognitions and perceptions. This allows children to conceptualize their tic behaviors as being within their control and, therefore, subject to change. Fifth, self-hypnosis facilitates the child's sense of self-efficacy. Sixth, self-hypnosis permits the child to reduce symptoms and develop mastery in real life. Therefore, self-hypnosis is felt to decrease both overall feelings of stress as well as the targeted tic behaviors.

Technique with Asthmatic Children

Harold B. Crasilneck, Ph.D., and James A. Hall, M.D.
Dallas, Texas

Look at a spot on the ceiling. As you continue looking at this spot, you will begin to relax as much as possible. You will notice that your eyelids begin to feel heavy . . . yes . . . starting to flutter . . . and so just let them close and relax just as much as you can. Let your arms and hands hang limp at your side . . . your body is so relaxed . . . your legs and feet at ease.

[If the patient is younger than 13 years of age, we usually hold the child's hand to establish the best rapport and sense of security possible. Children are then told the following:]

How cooperative you can be indicates that you are in a state of hypnosis. If you can cooperate with your mind, you can also relax every muscle in your body, but especially the muscles that control the breathing in your chest . . . and you can become much more relaxed and as you feel yourself relaxing still more, squeeze my hand, yes. . . . Good . . . just relax as much as you can. Now I want you to imagine that you are looking at your television set at home . . . can you see it? Good, now you are going to see the set come on and a movie of cowboys riding on horses. As you see this, nod your head. . . . Good. . . . You will notice that the horses are running very fast and they are breathing hard and fast . . . like your breathing . . . can you see this? Can you feel this? . . . Good . . . but now the horses are beginning to run more slowly. . . . Breathing is becoming slower and easier and your breathing is slowing down. [The therapist should talk in tempo to the patient's breathing rhythm.] . . . That's it. . . . The horses are slowing down . . . slower now . . . walking . . . breathing almost normal. . . . The wheezing is much less . . . so relaxed. . . . The television scenes fade out. . . . Just let yourself be as comfortable as possible . . . all over . . . secure, relaxed and at ease. I take your hand again. Now I give you the suggestion that you will smell a nice odor. . . . You can smell this nice odor. . . . You can smell this nice odor and when you do . . . squeeze my hand. . . . Good. . . . Now a very deep and sound state of relaxation . . . and breathe deeply and slowly, deeply and slowly . . . enjoying the nice odor and you see that your rapid and hard breathing is slowing down . . . your wheezing is less . . . relaxed, so relaxed and at ease . . . free from tension. . . . Your lungs and chest muscles are so relaxed. Smelling the nice odor and now you see your breathing is deep and relaxed, taking deep relaxed breaths . . . so relaxed and at ease. Now the odor is gone. I release your hand. Anytime you need to relax yourself you can do so . . . by closing your eyes and giving yourself these same suggestions just as I have or anytime you are ready to work with me. . . . If I take out my fountain pen and tap it on my desk five times, you can enter this same depth of trance. Do you understand? . . . Good. . . . Remember that you can enter this deep state and your asthma will become controlled. As I slowly count from ten to one, backward, you will be

fully awake and your breathing will be normal and the asthma will be gone.

Suggestions with Dyslexia

Harold B. Crasilneck, Ph.D., and James A. Hall, M.D.
Dallas, Texas

INTRODUCTION

Although there has been relatively little use of hypnosis in treating dyslexia, Crasilneck and Hall (1985) anecdotally report that three-fourths of the dyslexic children treated through hypnosis demonstrated moderate to marked improvement. (*Ed.*)

SUGGESTIONS

Your vision is simply going to improve. . . . You can recognize words with much more ease. . . . Once you have learned the word, it will make an impression upon your unconscious brain and mind, and recall of this word in the future will be much easier. . . . Your memory for words that you learn will become implanted in your mental processes and will be recalled in a smooth, coordinated fashion. There will be an excellent coordination between your eyes, your brain, and your memory . . . and your reading capabilities will continuously improve until they return to normal. . . . You will be much less anxious and much less afraid in your reading and learning habits. . . . Your reading is going to improve consistently.

Hypnotic Suggestions with Stuttering

Harold B. Crasilneck, Ph.D., and James A. Hall, M.D.
Dallas, Texas

[After hypnotizing the patient to the deepest level, the following suggestions are given:]

Your speech will be very soft-spoken, relaxed and at ease. . . . Your previous fears and tensions and staccato and jerking type of talking will be replaced by a smooth and flowing manner of speaking. . . . Your fears of talking to strangers, to groups of people, on the telephone, reciting in class will be greatly reduced because of the great power of your unconscious mind. . . . Your speech will be soft, secure, and you will be much more relaxed and at ease, pleased that you can speak without stammering or stuttering. . . . Now speak in a whisper without stammering or stuttering and hear how your voice sounds.

Personalized Fairy Tales for Treating Childhood Insomnia

Elaine S. Levine, Ph.D.

INTRODUCTION

Levine (1980) used indirect hypnotic suggestions presented through the medium of audiotaped childhood fairy tales tailored to each child. In two cases, after the audiotape was played at bedtime for six consecutive nights, the maladaptive behaviors were successfully eliminated. The outline of her procedure is presented here. Excerpts from the fairy tales used in two case examples may be seen in her original article. (*Ed.*)

PROCEDURES FOR THE TREATMENT

The procedures for creating the indirect hypnotic tape can be summarized into five steps:

1. Hypotheses about the child's primary stresses and conflicts are drawn from discussions with the parents and, if the child is old enough, with the child himself/herself.
2. A list of the child's likes and dislikes are generated from a discussion with the child. The list should include the child's favorite

fantasy figures, colors, foods, and animals, as well as preferred activities.

3. A fairy tale is created in which:
   - The child's favored objects and activities are woven into the plot (use of the child's preferences and avoidance of the child's dislikes assures a positive cathexis to the fairy tale).
   - The fantasy figures interact with the child in the story.
   - The fantasy figures demonstrate appropriate ways of dealing with the stresses that were targeted as central concerns of the child.
   - It is suggested at the ending of the fairy tale that a fantasy figure falls asleep in the child's lap, and the child also sleeps in order not to disturb the new fantasy friend.
1. An audio recording of the fairy tale is made. Suggestions of relaxation, comfort, happiness and self-confidence are included.
2. The child is informed, "This recording will make going to sleep much easier and much nicer. Simply play this tape each night before you get into bed, and it will help you feel more and more relaxed each night."

Suggestions with School Phobia

David Waxman, L.R.C.P., M.R.C.S.
London, England

INDICATIONS AND CONTRAINDICATIONS

Waxman (1989) appropriately recommends that parents must always be involved in therapy for school phobia. Parents may be an important part of the problem, for example, through pushing the child too hard for achievement or being overly critical. School phobia may likewise be symptomatic of family problems requiring a broader focus than simply hypnosis with the child. Where individual hypnosis is deemed appropriate, ego-strengthening suggestions like the following may be a useful part of the hypnotherapy. (*Ed.*)

SUGGESTIONS

Every day . . . (at such and such a time) . . . you will get into the habit of working for at least two hours or so . . . without fail.

You will be able to *think more clearly* . . . you will be able to *concentrate much more easily.*

You will become . . . *so deeply interested and absorbed in what you are studying* that you will be able to *give your whole attention to what you are doing* . . . to the complete exclusion of everything else.

Because of this . . . you will be able to *grasp things and understand them more quickly . . . more easily . . . and they will impress themselves so deeply upon your memory that you will not forget them.*

With every treatment that you have . . . *your memory will improve enormously . . . and your work will become easier and easier.*

You will not only be able to remember what you have learned . . . but you will be able to recall it without difficulty . . . whenever you need to do so.

A Science Fiction-Based Imagery Technique

Gary R. Elkins, Ph.D.
Temple, Texas
and
Bryan D. Carter, Ph.D.

INTRODUCTION AND INDICATIONS

The authors recommend that this technique should be used flexibly and indicates that it has been found to be useful with children between six and thirteen. It has proven effective in trance induction and in the treatment of a variety of problems including school phobia,

TIME REORIENTATION: AGE REGRESSION, AGE PROGRESSION, AND TIME DISTORTION

INTRODUCTION

Age Regression

Age regression as a therapeutic technique has been described since at least the late 1800s. Although Erickson's (Erickson & Rossi, 1979, 1989) "February Man" technique of inserting new memories or creating new endings for historical events appears innovative, as early as 1889 Janet described the use of very similar techniques in his work with Marie (Ellenberger, 1970; Janet, 1889). The technique of hypnotic age regression and particularly particularly became more popular among those working with victims of trauma ("shell shock" and "war neurosis") following World War I (Wingfield, 1920) and World War II (Watkins, 1949).

Age regression is commonly described as being either a partial or a complete regression. Partial regression refers to a state wherein the patient has a divided sense of consciousness: part of her feels the regressed age, and part of her is aware of her adult perspective. In a complete regression or revivification, the patient may seem to lose such dual awareness; for example, he feels four years old, seemingly without a knowledge of future events that transpired. A great deal of research through the years has focused on the nature of revivification and age regression.

SCIENTIFIC RESEARCH ON AGE REGRESSION

There is a very small amount of evidence suggesting that there may be some quite limited physiological or neurophysiological regression in

revivification. For example, it has been possible to regress excellent subjects to infancy and elicit a Babinski reflex and similar phenomena that simulating subjects (actors) could not produce (Gidro-Frank & Bowersbuch, 1948; Raikov, 1980, 1982; True & Stephenson, 1951). It has been pointed out, however, that this may be the result of depressed muscle tone which allows this response to be elicited in adults (Barber, 1962), a challenge that should be examined in controlled research. Further supporting the evidence for a lack of a genuine physiological regression during age regressions, Aravindakshan, Jenner, and Souster (1988) failed to find a change in auditory evoked response morphology in the direction of those seen in children. On the other hand, Kupper (1945) provided evidence of changes in EEG patterns when a subject was regressed to various ages prior to age 18, the age at which a seizure disorder developed. Clearly, further well-controlled research would still be beneficial on the extent of physiological regression that may take place.

In contrast, there is a tremendous amount of evidence concerning the degree of genuine regression that occurs in cognitive and perceptual processes during revivification experiences (Asher, Barber, & Spanos, 1972; Barber, 1962; Bynum, 1977; Crasilneck & Michael, 1957; Fellows & Creamer, 1978; Gard & Kurtz, 1979; Gordon & Freston, 1964; Hoskovec & Horvai, 1963; Leibowitz, Graham, & Parrish, 1972; Nash, Johnson, & Tipton, 1979; O'Brien, Kramer, Chiglinsky, Stevens, Nunan, & Fritzo, 1977; O'Connell, Shor, & Orne, 1970; Orne, 1951; Perry & Chisholm, 1973; Porter, Woodward, Bisbee, & Fenker, 1972; Reiff & Scheerer, 1959; Roberts, 1984; Sarbin, 1950; Sarbin & Farberow, 1952; Schofield & Reyher, 1974; Silverman & Retzlaff, 1986; Spiegel, Shor, & Fishman, 1945; Staples & Wilensky, 1968; Taylor, 1950; True, 1949; Young, 1940). Such research has examined tests of memory, cognitive and intelligence tests, projective test performance, Bender-Gestalt test performance, Piagetian-based tests of cognitive developmental level and illusion tests to which children respond in predictable ways. Although Reiff and Scheerer (1959), Erickson and Kubie (1941) and others suggested that there is a reinstatement of childhood cognitive patterns with an ablation of adult memories, most of the research demonstrates that this is not truly the case. For instance, subjects who are regressed to a certain age are found to have higher IQ scores than when they were that age (Sarbin, 1950). The cognitive performance of age-regressed subjects is generally found to exceed norms for the regressed age and thus is not a reinstitution of childhood mental processes.

Thus, overall there is an overwhelming body of evidence suggesting that age regression is not truly a return to the childhood experience any more than hypnotically suggested amnesia, blindness or deafness is the functional equivalent of its physiological counterpart (Nash, 1988). Age regression does not allow subjects to return to previous modes of mental functioning.

Truly, however, age-regressed subjects may in some cases retrieve memories and information that was not originally available to them consciously, perhaps especially under circumstances where emotional trauma has created a block to memory (Nash, Johnson & Tipton, 1979; Sheehan & McConkey, 1982; Smith, 1983). On the other hand, subjects have been shown to be clearly capable of filling in gaps of memory with

confabulated information, of distorting information, and of being influenced in what is "remembered" by leading questions or suggestions (Council on Scientific Affairs, American Medical Association, 1985; Pettinati, 1988). Nevertheless, despite the fact that hypnotized subjects may distort or produce false information, there is abundant evidence of startling and accurate information that may also be retrieved through the use of hypnosis. A particularly dramatic case (Fromm, 1970) demonstrated how a Japanese-American man, unable to speak or understand Japanese, was able to speak Japanese fluently, accurately and in a age-appropriate manner when regressed to early childhood (when he had lived in a relocation center during World War II).

The fact that hypnosis may at times impressively facilitate the recall of information and yet also produce recall of inaccurate information presents a forensic dilemma that is beyond the scope of this clinically oriented volume. Nonetheless, it is incumbent upon clinicians to be aware of these facts and issues and to realize that careful forensic hypnosis guidelines must be followed when litigation or court testimony is involved. For this reason I have included Garver's summary overview of such guidelines at the end of this chapter. Forensic hypnosis may be of clear value in providing investigating leads, but these leads must always be corroborated through independent sources because of the possibility of inaccuracy. Those interested in forensic work should thoroughly study Pettinati (1988), Laurence and Perry (1988), Scheflin and Shapiro (1989), and Sies and Wester (1987).

Although research has severely questioned the degree to which regression reinstitutes cognitive, perceptual, or physiological states from the past, clinicians may find it interesting that experimental evidence thus far suggests that during an age-regression experience there may be a reinstitution of the affective aspects of the regressive situation (Nash et al., 1979). And, in fact, the most effective age regressions in experimental work appear to be those associated with affect-laden events (Nash et al., 1979; Sheehan & McConkey, 1982). This research suggests that under conditions of emotional arousal, such as those encountered in our clinical work, memory may be more effectively revived.

PAST AND FUTURE LIVES

When the technique of age regression is discussed, questions about the possibility of regression to past life experiences are often raised. This controversy stemmed in large part from the famous Bridey Murphy case (Bernstein, 1956), in which a lay hypnotist hypnotized a woman who subsequently imagined herself to be the reincarnation of an Irish woman. Credible hypnosis experts immediately debunked this idea (Kline, 1956), and in fact investigative reporters discovered background experiences of the woman that accounted for her seemingly inexplicable knowledge about Ireland (Gardner, 1957).

The phenomenon of source amnesia (Evans & Thorn, 1966) thus seems adequate to account for this and the many similar cases (Barker, 1979; Edwards, 1987a, 1987b; Harris, 1986; Hilgard, 1986; Wilson, 1982), where

investigations have both revealed flaws in the accounts of the subjects and have also identified that they had been exposed to historical information in the past that was related to their presumed past lives. In cases that have been investigated where the regressed subject supposedly spoke in another language, a linguist found the claims to be patently false (Thomason, 1984, 1986-87). Carefully controlled research (Baker, 1982) has also confirmed that having the experience of regressing to a "past life" is based on a combination of the expectations of the subject and of suggestions and the demand characteristics from the hypnotherapist. But, despite scientific evidence to the contrary, there has never been a dearth of gullible individuals willing to believe in anything from abductions by UFOs to people living inside the earth under the north pole (Hines, 1988). Thus, there continue to be individuals who will promulgate a belief in regression to previous lives, most of them lay hypnotists.

However, there are also skilled and respected professionals like Barnett (1981) and Cheek (Rossi & Cheek, 1988) who believe that it is possible to regress patients to birth experiences and even prebirth uterine experiences. Despite fascinating recent evidence about the ability of the fetus to hear, which may give one pause to wonder, regressions to uterine or birth experiences seem to me more likely to consist of projective processes. However, if a patient should spontaneously "regress" to such an experience, it may still be useful in promoting therapeutic change. From my point of view, such "believed-in imagining" may, because it is believed by such a patient, be a catalyst for altering perceptions and at the same time provide a face-saving excuse that some patients need.

CAUTIONS AND GUIDELINES IN USING AGE REGRESSION

In introducing the topic of age regression, we should begin with some cautions. Many years ago, Wolberg (1964) warned us that, "We may conjure up a situation permitting us to track down the origin of each of the patient's symptoms. Having done this, we should probably find, in most cases, that the symptoms themselves would not vanish. The expectation that recovery of traumatic experiences will invariably produce an amelioration or cure of the patient's neurosis is founded on a faulty theoretic premise" (p. 321). Although I have found age regression to be a powerful and highly effective technique, bear in mind that not all patients need or benefit from age regression. Nor is insight always a necessary precondition for change. Motivated patients will often benefit from suggestive hypnosis. Furthermore, adaptive functions that are being served in the present may be ignored if one looks almost exclusively to the past.

It is strongly recommended that you do not age regress a patient without first obtaining permission from their unconscious through an ideomotor signal. When a "no" signal is given, one should respect and work through the patient's defenses (Hammond, 1988f; Hammond & Miller, in press).

Another helpful guideline is: the less experience you have in using hypnotherapy, the more structure you should maintain (reducing ambiguity rather than being vague or permissive) in doing a regression. You will find

it helpful to pinpoint an incident with ideomotor exploration (Hammond & Cheek, 1988; Rossi & Cheek, 1988) and then do the regression to that specific incident. Regressing patients to specific, identified events seems to improve the quality of age regressions. The ego strength and capacity of the patient to uncover trauma and to handle the intensity of the abreaction should also be taken into account. When treating borderline and psychotic patients, for example, the emphasis should be on ego-strengthening and using self-hypnosis for self-control. Age regression and abreactive work can be done, but must be approached more cautiously and preferably in controlled, inpatient settings. Alternatively, in working with fragile or severely disturbed patients, one may use dissociative age regression techniques and methods like Kluft's fractionated abreaction and slow leak techniques, which may be found later in this chapter.

A final consideration in conducting age regression and abreactive work is your own capacity to handle the expression of intense affect without panicking and prematurely terminating the experience. If patients sense that even their therapist cannot handle the emotions and intensity within, it becomes truly frightening for them. Not all therapists feel comfortable facilitating such intense experiences; some may choose instead to refer patients to another therapist for this portion of their therapy.

METHODS OF FACILITATING AGE REGRESSION

Less experienced therapists often try to facilitate age regressions in relatively light hypnotic states. Some degree of hypermnesia or improved memory may be obtained, but unless the patient is very hypnotically talented the results will often be limited and disappointing. Erickson (1952) often worked at deep levels of trance when doing age regression, using extended length interviews. He reported that he commonly only gave important suggestions after patients had been in trance for over 20 minutes. Wolberg (1964) also reserved extended time interviews for age regression work. I likewise prefer to have the patient in deeper levels of trance and I usually do a *minimum* of 15–20 minutes of induction and deepening work prior to beginning an age regression.

There are a variety of methods for facilitating an age regression. In the first part of this chapter you will find several modeled examples of verbalizations illustrating various methods. Stanton's contribution demonstrates imagery techniques for producing regression. My own contribution illustrates a straightforward method for producing regression after identifying a specific event through ideomotor signaling. Brown and Fromm's contribution will provide you with tips for enhancing the quality of the regressions.

INDIRECT AGE REGRESSION. It should also be noted that when age regression is being used for metaphoric work, it may often be facilitated informally through simply using phrases like, "Remember when . . .," "A long time ago, when you were very, very young . . .," or "As children . . ." For example: "You can probably remember as a little boy how painful it was

when your best friend moved away" [assuming you know this event occurred]. A metaphor about loses and getting over losses may then be used. This type of informal regression often does not produce the high quality regression experience that is desired in working with trauma, but is usually sufficient for metaphoric work involving earlier life experiences. Examples of this type of informal (metaphoric) regression may be seen in my two metaphors later in the chapter.

REVIVIFICATION. If you are interested in the type of wording that is used in facilitating a full age regression (revivification), you will find this modeled in the sections by Brown and Fromm and by Greenleaf. One of Erickson's contributions also illustrates one of his methods for facilitating a full regression. His technique of age regression by disorientation is one wherein a state of confusion is induced in the patient. The patient is disoriented as to what day of the week it is, and then the week and date, and finally concerning what month and year it is. After completely disorienting the patient for time and place, the patient is reoriented to the earlier age. We should mention, however, that a partial age regression is generally sufficient for therapeutic work and is much easier to obtain than a full revivification. The advantage of a partial regression is that the patient will feel emotionally involved in the experience, and yet will have the advantage of an adult perspective that can be applied in reframing and working through negative past events.

ABREACTION AND REFRAMING

Skills in conducting hypnotic induction, deepening and age regression to a past event are relatively easy to teach. It is, however, much more difficult to readily impart skills for how to facilitate intense abreactions and to then cognitively reframe and work through trauma in such a manner that it provides a corrective emotional experience. It is beyond the scope of this book to systematically describe all the steps and details in this process. You should consult hypnotherapy textbooks (e.g., Hammond & Miller, in press; Watkins, in press) for more detailed information concerning abreaction, working-through, strategies in age-regression work, and working with resistance to age regression. Some limited information and modeling concerning abreactive technique will be found, however, in Kluft's contributions to this chapter. Erickson's suggestions for dissociating affect and content and his screen technique illustrate dissociative regression techniques for reducing the intensity of an experience. Kluft's fractionated abreaction and slow leak techniques demonstrate other ways of doing gradual abreactive work. Some models of working-through techniques are also provided in the contributions by Wright and Barnett. Please bear in mind that the working-through of intense material from the past is an advanced hypnotherapy skill deserving of your thorough and careful study, as well as supervision.

Age Progression

"Age progression," "time projection," "pseudo-orientation in time into the future," "mental rehearsal," "process imagery," "goal imagery," "success imagery," "end-result imagery" are all terms that have often been used in a rather fuzzy and sometimes interchangeable manner in hypnosis. All of these terms refer to future-oriented therapeutic work, but they are not all synonyms for the same thing.

I conceptualize mental rehearsal in hypnosis as essentially being the parallel to this technique as it is discussed by cognitive behavior therapists; that is, the patient is asked to mentally, covertly roleplay an anticipated future situation. In an elaboration on this method, the patient may be asked to imagine an ideal role model handling a situation effectively, and then to imagine himself reacting similarly. Mental rehearsal has also been called process imagery (Zilbergeld & Lazarus, 1987)—imagining the process or means by which you will eventually accomplish the end result.

End-result, goal, or success imagery are terms, as I conceptualize them, that refer to imagining oneself in the future, after changes have already taken place, experiencing what life and oneself are now like as a result of the changes. However, we do not need to be in a trance state to do this. Each of us, right now, can close our eyes and construct such an image. One step beyond this is what Erickson referred to as time projection or pseudo-orientation in time, and what is often called age progression. This consists of having patients in deep trance imagine themselves in the future, but because of the depth of trance and degree of hypnotic talent, the experience has an intensity and quality of reality to it that a more consciously willed experience does not possess.

The difference between end-result imagery and age progression is like the difference between consciously remembering an event from your childhood versus undergoing a complete age regression and having a revivification of a childhood experience while in a deep trance. Erickson likened this to the difference between conscious fantasies (mental rehearsal, success imagery) and "unconscious fantasies" (age progression). The deeper trance experience is truly "believed-in imagining" wherein the experience is very intense and seems quite real to the subject. When we consider the research that documents how utterly real and convincing a confabulated (or therapist-suggested but inaccurate) age regression may feel to a subject, why shouldn't age progressions have the potential to feel just as actual and real?

I refer to this group of methods as goal-directed hypnotherapy techniques, and each one of them may be helpful and beneficial. They all seem compatible with Alfred Adler's teleological or future-oriented approach to treatment, wherein people are perceived as being basically goal-oriented. From this perspective, we may see ourselves as moving forward toward goals in the future at least as much as we are impelled from behind by causes in the past. The problem is that many of our patients are moving toward irrational goals and/or using their imaginations in self-defeating rather than constructive ways. Erickson certainly appreciated the value of such an orientation when he said that we should have an "appreciation that practice

leads to perfection, that action once initiated tends to continue, and that deeds are the offspring of hope and expectancy" (1980, Vol. 4, p. 397).

Because of limitations in the hypnotic talent level of patients and in the confidence and experience level of therapists, mental rehearsal (process imagery) and end-result imagery are the future-oriented hypnotic techniques used most commonly in everyday clinical work. However, age progression should also be appreciated as a powerful method. In considering this technique, Erickson (1980, Vol. 4) realized that "the patient could respond effectively psychologically to desired therapeutic goals as actualities already achieved" (p. 397).

This section begins with an outline and illustration of Erickson's technique of time projection. Afterwards, you will have an opportunity to study verbalizations of several other clinicians as they illustrate their use of process and goal imagery techniques. Finally, Erickson's future-oriented self-suggestion technique concludes this section.

Time Distortion

The hypnotic phenomenon of time distortion may consist of a subjective sense of either time contraction or of time expansion. How does one go about producing time distortion? Sometimes this phenomenon occurs spontaneously, simply by hypnotizing someone. It may also be suggested to patients.

AREAS OF APPLICATION. Time distortion may be of particular value in working with acute and intractable pain, in childbirth training, in helping patients endure unavoidable but miserable experiences or suffering (e.g., hospitalization, cancer), in athletics, in treating obesity (making the time between meals seem to go by very rapidly), in treating cravings and withdrawal symptoms, with hypnoanesthesia, and in treating anorgasmia and retarded ejaculation. It may also be of value in conducting a time distorted review of experiences from the past. Time distortion may even be used to have patients conduct internal reviews of learnings in therapy and to review potentially disturbing dreams (Rossi & Cheek, 1988). In working with severe trauma, time distortion may be suggested (in an age regression) so that the traumatic event will be subjectively experienced in a much shorter period of time.

RESEARCH IN TIME DISTORTION. Although time distortion is frequently mentioned, modern texts on hypnosis are amazing barren of information about this phenomenon. There is an extensive literature on this topic, however. Cooper (1948, 1952) began initial research in this country on time distortion, and later allied himself with Milton Erickson to investigate this topic (Cooper & Erickson, 1954). Through the years there have been a variety of other investigations (Cooper & Rodgin, 1952; Erickson & Erickson, 1958; Graef, 1969; Loomis, 1951).

Barber (Barber & Calverly, 1964) challenged time distortion as a hypnotic phenomenon in much the same way that he has challenged almost every-

thing else in hypnosis. Orme (1962, 1964, 1969) demonstrated that, as with other hypnotic phenomena, there are individual differences in the hypnotic capacity to experience this phenomenon. And Weitzenhoffer (1964) directly challenged Barber's (Barber & Calverly, 1964) claims and documented that deeply hypnotized subjects experienced time distortion significantly more than waking control subjects.

Unique pioneering research with what we may conceptualize as major time reorientation was pioneered by Fogel and Hoffer (1962), and extended by Aaronson (1968a, 1968b), Zimbardo, Marshall, and Maslach (1971), and Sacerdote (1977). This research examined the implications of altering perceptions of past, present and future time—for example, contracting a sense of past time while expanding a sense of present and future time. If you are interested in examining suggestions for time reorientation, you may refer to Sacerdote's contributions on eliciting mystical states in Chapter 3 and refer to my textbook (Hammond & Miller, in press).

TIME DISTORTION THROUGH SUGGESTIONS. When you want time distortion, you may simply give suggestions for the patient to experience it. In most clinical contexts and with most problems, this is the most practical approach and patients often respond positively to these suggestions. For example, one may simply suggest, "A lot of time will pass. But pass very rapidly" (Erickson & Rossi, 1979, p. 374). Or, as I have heard a couple of different colleagues suggest: "You will have all the time you need, in the time you have."

Thus, Erickson (Rossi & Ryan, 1985, p. 194) explained:

> You do not have to use an awfully extensive verbalization for time distortion. Yesterday I gave just this amount of verbalization to subjects who had never before demonstrated time distortion: "You are waiting for a bus on a cold, wet, rainy day. You're in an awfully hurry to get downtown, and that bus is two minutes late. Your appointment downtown is important, and you've just got to be there on time. And waiting those two extra minutes for that bus seems like waiting all day. Then once it arrives, the bus seems to poke along all the way to town. Now it's a nice sunny day, and you're going downtown, and you're not in a hurry. A friend comes along and talks to you, and the bus is two minutes late the way it was the other time. But this time you're ready to swear that the bus is ten minutes ahead of schedule!"

Kroger and Fezler (1976) emphasized the use of imagery conditioning and of standardized, multisensory images to produce hypnotic phenomena. The interested reader may consult their book for two examples of structured images designed to produce and train subjects in experiencing time contraction and time expansion.

TIME DISTORTION TRAINING. There are situations, however, when therapists or physicians desire to make extensive use of time distortion and to have a patient reliably experience it in self-hypnosis. These situations may include working with severe chronic pain, in psychotherapy where extensive exploration of past events is anticipated, in therapy with multiple personality disorder or other patients with a background of extensive trauma, and when

anticipating using hypnosis as the sole anesthetic for surgery. Experimentalists who want to use time distortion may likewise desire an added confidence that their subjects have been carefully prepared to experience this phenomenon.

In situations such as these and where you have the luxury of preparation time, it may be desirable to specifically train the patient to more fully experience this hypnotic phenomenon. The last section on time distortion by Cooper and Erickson (1959) has, therefore, been reprinted. It is filled with beneficial clinical nuances and provides modeling in phrasing suggestions that will be beneficial in brief interventions aimed at producing time alteration, in more thorough time distortion training, and in experimental work. Specific time distortion training may enhance the patient's ability to experience time contraction or expansion.

It is well-known that Erickson often preferred to conduct four to eight hours of "trance training" with patients, both to augment their hypnotic performance and to become thoroughly familiar with their capacities to experience the various phenomena. You are encouraged to consult Cooper and Erickson (1959) for further details concerning training, and particularly for a review of some of Erickson's fascinating cases in which time distortion was used. For the benefit of clinicians, suggestions that may have particular value have been printed in italics so that they may pick them out more easily.

AGE REGRESSION AND ABREACTION

Ideomotor Identification Followed by Partial Regression

D. Corydon Hammond, Ph.D.
Salt Lake City, Utah

INTRODUCTION

Through ideomotor signaling you may ask patients, "Is there some past event or experience responsible for the beginning of this problem?" When an affirmative response is given, the next step is to obtain the patient's permission to explore this event: "Then would it be all right with your unconscious mind for us to go back and explore, and understand, and resolve whatever it was that happened when you were X years old?" If a signal of "no" is given, we must work through the resistance before proceeding. When a signal of "yes," is given, I then use the following suggestions to facilitate a regression to the specific event identified as relevant to the problem.

SUGGESTIONS

Then allow your unconscious mind to begin reorienting you back in time, orienting you back to that event at the age of _____. Drifting back through time, perhaps as if you're drifting back through a long tunnel, drifting back through time, to that event at the age of _____. And it will feel almost as if you're reliving that experience again, thinking and feeling as you thought and felt then. Allow you unconscious mind to take you back to that event, and when you're there, your "yes" finger will float up to signal me. [Pause. Allow time for the reorientation; however, if a signal has not been given after about 30 seconds, repeat the suggestions. After receiving a "yes" signal:] Tell me where you are and what's happening. [Note the use of the present tense.]

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Imagery Methods of Facilitating Age Regression

H. E. Stanton, Ph.D.
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INDICATIONS AND CONTRAINDICATIONS

Dr. Stanton models two methods for facilitating age regression through the use of imagery. Naturally, use of such methods presupposes that the patient is talented at visualizing. These methods may be used for promoting a dissociated regression in which the patient feels one step distanced from intense material. Alternatively, the patient may be asked to enter the scene pictured and experience it firsthand. Dr. Stanton's methods are permissive and allow the patient considerable latitude in determining what time or event to select for regression. This may be desirable with seasoned clinicians and relatively stable, psychologically-minded patients. But for the less experienced hypnotherapist and with less stable patients, this lack of structure introduces an extra element of unpredictability. There is less certainty concerning what event will be selected from the past. Less experienced therapists may want to impose more structure in conducting a regression. (*Ed.*)

THE BOOK OF TIME

Imagine that you have before you the book of time, in the pages of which you will find photographs spanning your entire life. As you open the book, it reveals a picture of yourself at your current age. Turn back the pages one year, and see the photograph of yourself as you then were, and you can be there again, feeling the things you felt then, having the knowledge you then had. Continue turning the pages if you wish, going back further and further into your past, knowing you are able to stop at any point in order to explore more fully the experiences you had at that time. Whenever you so desire, you can return to your present age by going forward through the pages of the book of time.

BOOKSHELVES

Visualize yourself going into a pleasant room, its walls lined with bookcases. Filling these bookcases are diaries, one for every year of your life. Should there be some problem worrying you at the present moment, you may wish to use these diaries to find relevant information from your past. Or you may simply wish to find out more about your past life. To help you do this, stored in drawers beneath the bookshelves are old photographs, report cards, letters, and other memorabilia.

Improving the Quality of the Age Regression

Daniel P. Brown, Ph.D., and Erika Fromm, Ph.D.
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Suggestions can be designed in various ways to improve the quality of the regression and to achieve genuine age regression. . . . To increase the likelihood of reinstating previous modes of functioning over current adult functioning, the therapist can directly suggest:

> You will find yourself thinking, acting, feeling, and behaving like a child of [specify suggested age]. No matter what you find yourself doing, you will experience yourself exactly as you did when you were [x] years old. You will temporarily forget your current ways of thinking, acting, feeling, and behaving until the next time you hear me say these words, "Soon you will find yourself growing up again."

He may also suggest a change in the body image, especially for regression to childhood:

> You are younger and younger, and your body is getting smaller and smaller . . . your arms and legs seem smaller and smaller . . . your whole body

seems smaller and smaller . . . the room which you are in seems so large as you look around . . .

The reinstatement of previous modes of functioning is for the most part quite unstable. The regressive experience characteristically fluctuates between revivification and . . . age regression. In order to bias the fluctuation in favor genuine age regression, the therapist must help the regressed patient temporarily suspend his orientation to the therapeutic context and adopt the context of the regressed situation. The hypnotist does this in a number of ways. Once the therapist has suggested the regression, he should give the patient enough time to orient himself to the new level of functioning. The hypnotist should pause before giving any further suggestion. A graded suggestion is also useful: ". . . and the longer you find yourself to be [x] years old, the more you will actually experience yourself once again as an [x]-year-old." A finger signal may be added: ". . . and whenever you feel exactly the way you did when you were [x] years old, the index finger will lift up." As most patients did not know the hypnotist when they were children, he must explicitly suggest an alteration in the way he is perceived. An open-ended suggestion will allow the patient the freedom to imagine the hypnotist in a way that best fits the internal experience of the age regression: "I will be a person you know and like. Who am I?" The age-regressed patient may say that the hypnotist is a teacher, a relative, a sibling, a parent, a friend. The hypnotist then uses the information from the patient's history to play the part chosen for him as well as possible.

Thus, the hypnotist structures the situation to favor a context congruent with the regressed situation, giving task-appropriate suggestions that will elicit childlike responses. Giving suggestions that demand adult-appropriate response will interfere with genuine age regression. For instance, if the patient is regressed to the age of five years, the therapist must relate and talk to the patient as if he were talking to a five-year-old. And he must word the inquiry with the regressed patient in the present, not in the past tense—not "What happen*ed*?" but "What *is* happening?" Talking to the patient in the present tense, as if the childhood experience were happening right now, favors the occurrence of a genuine age regression. . . . The therapist must also treat the patient as if the patient were a child. To develop a context appropriate for the age regression, the therapist may need to engage the "child" in fantasy, sit down on the floor and play at mental age of the regressed patient.

Some highly hypnotizable patients with a talent for age regression may manifest two additional features of age regression. If they are capable of an open-eyed trance, they may open their eyes and hallucinate a childhood setting to which they are regressed. That is, they perceive the office in which they currently are as if it were, say, their school room. Yet, they also see the therapist's office when they open their eyes. Because of trance logic (Orne, 1959), perceiving two realities with open eyes simultaneously is not necessarily a problem for the age-regressed patient (Sheehan & McConkey, 1982). Other patients are capable of experiencing themselves simultaneously as the regressed child and the observing adult (Fromm, 1965a; Laurence & Perry, 1981). Still others, by dividing the ego into an experiencing part and an observing part (Fromm, 1965b), alternate between the experience of the regressed child . . .and the observing adult. . . . Such patients can be given "hidden observer" (Hilgard, 1977) suggestions to help then achieve a fuller age regression:

Now, often it is possible for people who are hypnotized to comment in some way on their experiences, what they are feeling at the time, the various sensations and experiences they feel while they are hypnotized. You're back in the classroom and five now, and you are deeply hypnotized. In a little while I am going to tap you on the shoulder, when I do that, I want that other part of you that can comment on these experiences to tell me what you are feeling at the time, just simply tell me what's happening. When I tap you on the shoulder again, the other part of you will go, and you will be right back to where you are now, five years of age. So when I tap you the first time, the other part of you can tell me what you are feeling and thinking and when I tap you again you will be back, to five years of age. I'll tap you the first

time now. Describe to me the feelings and thoughts you have at this moment. (Sheehan & McConkey, 1982, p. 126)

When regressing a patient to a very young age, it is a good idea to have the patient imagine being in a warm and safe setting, perhaps being surrounded by warm blankets or feeling the comforting presence of the mother or teddy bear. Because a very young child does not understand language, the hypnotherapist must also prearrange a nonverbal signal to bring the patient back to the verbal level, where he understands language: "The next time you feel the touch on your arm like this [therapist touches patient], you will no longer be six months old but will be [therapist names an older age]."

Suggestions to Facilitate Revivification

Eric Greenleaf, Ph.D.

INDICATIONS

Greenleaf's (1969) suggestions were prepared to facilitate full age regression. As a regression approaches full revivification, the patient loses adult perspectives and increasingly has the *perception* of more fully being the regressed age. Although full revivification is not usually necessary in clinical practice and often requires much more deepening to obtain, the following verbalizations serve as a useful model for facilitating more complete regressions. (*Ed.*)

INTRODUCTION

The regression suggestions were devised to include both standardized and individuated methods. A number of possible "ways" into the experience of regression are introduced to the subject, who may then resist one or the other while still complying with the general directive to "regress."

SUGGESTIONS

[Following induction and deepening:] Now that things are becoming deeper and easier with every minute, I'm going to tell you about the pleasant, interesting experience you're about to have. You may wish to listen very carefully to the interesting things I'm about to tell you, but they'll register in your unconscious mind whether you pay close attention, or just sit back and watch the hands of the clock going round and round in reverse. You've probably begun to feel that pleasant, quiet air of expectation, something like kids feel when they know they're about to get a present with no strings attached; before they know it, the birthday is there, even if it seems far in the future or long ago.

BEGIN DISSOCIATION INDUCTION

Now I'd like you to imagine that you're watching a small child who looks very much like you. He's wearing handsome party clothes, and he looks very, very pleased and happy because he's about to play with the presents at his fourth birthday party. Can you see him clearly? What is he wearing? Do his shoes buckle or lace? Can he tie his own shoes? Very good. [Subject is encouraged to develop and respond to the image of himself as a child.]

While you watch him, and see all the nice things he does, I'm going to continue to talk to your unconscious mind. So, while your conscious mind watches, and feels pleased at watching this four-year-old child who looks so much like you and who is so pleased with things, your unconscious mind will register *everything* that I say, without any effort on your part, as you sit, pleased and expectant, and watch this little child who looks so much like you.

[These suggestions encourage expectation of and participation in the child experience, yet they allow the subject distance and time to adjust to the new experience. There are also a number of disguised binds which allow for resistance to suggestion or individual accom-

modation to suggestion without retarding the direction of the regression.]

[Following this introduction, the subject is confronted with Erickson's (1964e) confusion induction. This is designed to disorient the subject as to time and place, and to prepare him for amnesia during regression. At the same time, such a technique should make the subject more amenable to the direct instructions to follow.]

REGRESSION BY CONFUSION (ERICKSON)

Everyone knows how easy it is sometimes to become confused as to the day of the week, to misremember an appointment as of tomorrow instead of yesterday, and to give the date as the old year instead of the new. Although today is Tuesday, one might think of it as Thursday, but since today is Wednesday and since it isn't important for the present situation whether it is Wednesday or Monday, one can call to mind vividly an experience of one week ago Monday, that constituted a repetition of an experience of the previous Wednesday. This, in turn, may remind you of an event which occurred on your birthday in 1958. At this time you could only speculate upon but not know about what would happen on the 1959 birthday, and, even less so about the events of the 1960 birthday, since they had not yet occurred. Further, since they had not yet occurred, there could be no memory of them in your thinking in 1958.

Now people may remember some things and forget others; often one forgets things he is certain he will remember but which he does not. In fact, certain childhood memories stand out more vividly than memories of 1960, 1959, 1958. Actually, every day you are forgetting something of this year as well as last year or of 1958 or 1957, and even more so of 1956, '55 and '54. As for 1950, only certain things are remembered identifiably as of that year and yet, as time goes on, still more will be forgotten.

Forget many things, as naturally as one does, many things, events of the past, speculations about the future; but, of course, forgotten things are of no importance—only those things belonging to the present—thoughts, feelings, events, *spontaneous present*—only these are vivid and meaningful.

Things at age four will be remembered so vividly that you will find yourself in the middle of a pleasant life experience, not yet completed.

REGRESSION: "THE BIOLOGICAL CLOCK"

Everybody knows that clocks can go forward, to register the passing of time, or backward, to indicate time going into the past. Sometimes, in the movies, pages are taken from a calendar, or clocks run backwards, to indicate the passing of time into the past. That's how it is with "outside" time—time you can see. Many people don't know that there's also a kind of "inside" time—time you can't see. Everyone has a kind of biological clock that can *really* go forward or backward, that can really take you into the past. You can feel that inside clock, even without being quite aware of it, and we can turn it backwards just by counting; later, we can turn it back to the present, just as easily.

REIFF AND SCHEERER INDUCTION (MODIFIED)

In a little while I am going to start counting from [subject's age] back to *four*. As I count, the biological clock will start to run backwards and you'll become smaller and smaller and younger and younger, so when I reach four you'll be four years old. With each count you'll lose all memory of that year-number, so when we reach four you'll have forgotten everything that happened to you after four. That's the way the biological clock works. When we reach four you'll *really* be four, celebrating your fourth birthday. You'll move and talk and act and *think* four years old; it will be easy because you'll *really* be four and won't be able to *think* of being anything else: being four will be very happy, and being anything else will seem silly until we count again on the biological clock. So, you'll be four years old. When we reach

four, you'll slowly open your eyes and look around the cozy room. I will be somebody you know and like and like to talk to.

Erickson's Confusional Method for Revivification

Milton H. Erickson, M.D.

INTRODUCTION AND INDICATIONS

One of Erickson's techniques for facilitating a revivification was to begin by producing a disorientation of the patient. This may be done in several ways. For instance, the patient may be disoriented spatially by having him or her tumble over and around in a cloud. Erickson seems to have particularly tended to use the following method of disorienting the patient temporally. (*Ed.*)

ILLUSTRATIVE VERBALIZATIONS

"You all, I believe, had breakfast this morning; or at least it is customary for you to have breakfast in the morning. You had breakfast yesterday morning, and you expect to have breakfast tomorrow morning. In fact, you expect to have breakfast next week. But last week you had breakfast in the morning, and before you had breakfast last week in the morning you had dinner on the evening before that, but before that dinner you had a lunch, and, let us see—last week . . . let us see, last week was May 6th . . . but before May 6th came May 5th, and of course, May 1st always precedes May 5th, but, of course April comes before May and you know that April also follows March just as March follows February, and February comes after January, and New Year's Day was such a delightful day, but of course it was only seven days after Christmas. And you are following along, and this happens to be May and we are back to Christmas of 1964 already, but then, you know, Labor Day preceded Christmas, and before that was July 4th, and we are way back again." In this manner you keep going backward in your suggestions, shifting this direction and that direction a little bit at a time until your patients . . .get awfully confused. They do wait for you to make a sensible, intelligent remark to which they can attach a meaningful significance. And so you say, "You know, this is really a nice day in June, 1940, and it really is."

Watkins' Affect or Somatic Bridge

John G. Watkins, Ph.D.
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INDICATION AND CONTRAINDICATIONS

This method, summarized by the editor from Watkins (1971), should be considered for use when a patient is experiencing an emotion (e.g., depression, anxiety), compulsion, or physical sensation (e.g., pain) of unknown origin. It is vitally important, however, that the patient be considered sufficiently stable and the therapist sufficiently experienced to constructively handle an age regression where intense emotion and perhaps a revivification may be experienced. The technique is Dr. Watkins, but the summary steps and verbalizations below are mine, adapted from his important article. (*Ed.*)

THE TECHNIQUE

STEP ONE. *Obtain permission* with an ideomotor signal for "us to explore and understand what originally happened to cause this feeling."

STEP TWO. *Age regress to a recent experience* where the feeling, compulsion or sensation was felt. The therapist then facilitates the experiencing of this state again, having the patient signal when he/she is feeling it.

STEP THREE. *Intensify the feeling.* "The feeling is becoming more and more intense. It is becoming so strong that it seems as if you can think of nothing else."

STEP FOUR. *Disorient the patient and further intensify the feeling.* "You are beginning to feel confused. The room is beginning to fade away and everything is becoming very, very blurry. [Use fog if the patient likes it.] The only thing that you can experience is the feeling of _____. The whole world is just filled with _____."

STEP FIVE. *Age regress the patient to the origin of symptom.* "And now this feeling is a bridge that we'll use to travel back into your past, like a railroad track consisting of _____. And you are becoming younger, going back further and further in time, into the past, traveling back on this bridge of _____. Everything is changing except _____. The is the same. And you are becoming younger and younger, traveling back through time over the bridge of this feeling, back to the very first time you ever experienced this feeling, going back in your life to when you first felt this." The patient may be instructed to give an ideomotor signal when there. If necessary, verbalization can continue: "As I count from one to ten, you can finish traveling backward to an earlier time, to another place. You can experience yourself getting smaller and younger, and younger and smaller, until, by the count of ten, you'll be reexperiencing the situation that first produced this feeling. Don't try to consciously remember. Simply allow it to happen and let yourself experience it, as your unconscious mind takes you back. 1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7 . . . 8 . . . 9 . . . 10. Where are you? What is happening? How old are you?"

If another feeling is encountered that appears fundamental, another affect bridge may be used from this regressed age back to an even younger age. A reverse affect bridge may also follow a feeling forward from the original experience to later ones involving the same feeling.

Facilitating a Full Abreaction

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INDICATIONS AND CONTRAINDICATIONS

It is my belief that most patients who do not display serious psychopathology and for whom the trauma is not unusually severe (e.g., brutal rape or gang rape, torture, or cult abuse) are capable of experiencing an age regression back to a negative event or traumatic episode, and enduring a full abreaction of feelings about the event. When this is possible, therapy progresses more rapidly. However, facilitating a complete abreaction also requires that the therapist is someone who is experienced and skilled in this type of work.

As indicated earlier, I always ask the patient's unconscious mind if "it would be all right for us to go back and explore, and understand, and *resolve*" whatever happened at a specified age that has already been identified as relevant to the patient's problem. Given the contraindications already stated above, it is my experience that if a patient has inner apprehensions or serious reservations about reexperiencing a traumatic event, he or she will not give permission for the regression. This is an indication for consideration of other less intense abreactive alternatives and methods of dissociative regression which require more time but are gentler.

It is generally believed that feelings associated with more specific events will probably respond more favorably to abreaction than generalized feelings toward someone that have evolved through the process of many unpleasant (but not particularly traumatic) events, although this is not always the case. It is also commonly believed in the field that the more intense a traumatic episode, the more extreme the abreaction that will eventually be required to work through the incident. In cases of particularly severe trauma, an abreaction may have to be repeated two or

three times, until almost no emotion is evoked by the regression. This may be done in one of two ways: (a) In an extended time interview where the patient is given five- or even ten-minute "sleep" periods between abreactions. At the beginning of the "sleep" period the patient may be given suggestions for having "peaceful" dreams and for time distortion so that "in a few minutes of this special trance time, it can seem as if hours of peaceful, restful, refreshing sleep have occurred." (b) Abreactions may also be repeated in sessions one day, several days, or a week apart.

ILLUSTRATIVE VERBALIZATIONS

After the patient has been regressed back to the beginning of an incident, instruct him/her to, "Tell me where you are, and what's happening." Further detail may be obtained through giving the following suggestion: "You will find yourself thinking and feeling as you did then, and everything you're thinking and feeling, just say out loud." The latter suggestion may be repeated from time to time. This suggestion not only assists in identifying the emotions involved, but also frequently allows you to identify the internal dialogue—what is going on in the patient's mind and how he was interpreting what is occurring. Both as the patient reports what is happening and after the details of the incident have been reported, you should seek to intensify the expression of emotion.

As the patient reexperiences the past trauma, you may facilitate the release of the emotions associated with it through some of the following types of suggestions: "That's right. Just let all the feelings out. Just like a dam breaking, all those feelings can come out now." "Let all those feelings out. You don't have to keep them inside anymore." "And as you let those feelings out, it's as though they evaporate. As you let those feelings out, they'll no longer influence how you think, or feel, or see things. Let go of all those feelings, so that this incident will no longer influence your thoughts, or your feelings, or your actions."

After the patient has narrated the entire event, I will often have her confront the perpetrator of abuse in imagination. For instance, if a woman was incestuously molested by her father, I may ask her to imagine that he is in front of her, in the same room with us, but now unable to harm or do anything to her. She is then asked to speak directly to her father. This procedure generally facilitates much more intense expression of affect, and a great deal of reframing and working-through is accomplished simultaneously with the expression of feelings.

The suggestions below are frequently used in this process. Typically one such comment will be made, and then, after the patient has vented feelings and begins to "run out of steam," another comment will facilitate continued and more thorough expression of emotion. In this process I focus on encouraging the patient's expression of the four primary feelings of anger, hurt, fear, and guilt.

"And tell *[e.g., your father, mother]* now all the things you couldn't tell him then." "Speak directly to *[e.g., your grandpa]*, as if he's here right now, and tell him about all the anger and hatred inside." "Say that to him again, even louder." "That's right. Just let all the fear out. Tell him how scared it made you." "Tell him what it was like." "And tell him how bad that hurt. Tell him what that did to you inside." "Tell him the words that go with the tears." "Tell him what your tears are saying." "That's right, just let out all that pain." "Tell him what you'd like to do to him." In some cases the patient may even be allowed to imagine acting out against the perpetrator of the trauma.

Following a certain amount of abreaction, it is sometimes useful to use ideomotor signals to determine which primary emotions are unresolved: "Now I'd like to ask that little four-year-old girl down inside, and you can communicate with me through the fingers. Are you feeling frightened? Are you feeling hurt and a lot of pain inside? Are you feeling angry? Are you feeling guilty?" Later, following reframing and interpretive work, a check can be con-

ducted to determine that each of these feelings has been resolved and that they do not require further abreaction or interpretive work.

CONCLUSION

Depending upon the individual patient, you may select one of the many methods that follow to reduce the intensity of the cathartic experience during age regression. However, most patients who have been through a significant trauma, will sooner or later need to experience a full confrontation with and abreaction of the material. I have treated many patients who talked extensively about traumatic events with previous therapists, but on a more intellectual level, with limited release of emotion. Many of these patients consciously believed that the past experience was resolved and that the root of their continuing problems was elsewhere. Through ideomotor exploration, however, we have commonly discovered that the events were still unresolved emotionally, at a deeper level. Following age regression and more adequate abreaction, these patients became asymptomatic. Incomplete abreaction of underlying feelings has also been cited by many others as a cause of therapeutic failure (Kline, 1976; Kluft, 1982; Maoz & Pincus, 1979; Putnam, 1989; Rosen & Myers, 1947; Shorvon & Sargant, 1947; Watkins, 1949).

An Abreactive Technique

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INTRODUCTION

The following technique is often used as a first step toward a complete abreaction. It encourages a distanced abreaction that diminishes the emotional charge of the event somewhat; if the patient is ready, it is followed in subsequent sessions by procedures in which there is no effort to blunt the impact of the reliving of the traumatic event.

Trance is induced by whatever method is mutually agreeable to by both therapist and patient. Clinical circumstances dictate whether the patient will envision doing this technique or experience it. For the more timorous patient, a double-distancing technique may be used in which the patient may see himself on a screen or television as he or someone just like him goes through this technique.

VERBALIZATIONS

And now it's time to learn a little more, to move closer to the health and well-being you deserve. Let's walk together through a pleasant garden, into a beautiful and stately building that feels safe and secure. Its furnishings are very luxurious, but rich, tasteful, and understated. We pass through an impressive living room and turn down an impressive hall, lined with oil paintings and sculptures on pedestals. Midway down the hall there is an especially ornate door, wooden, heavy, and intricately carved. Looking through a small window, we can see that it is a door to a library. We enter, the door opening easily. Wherever the eye may look, there are impressive volumes, each with its own story to tell. We walk along the shelves, and leaf through a number of the books. Their illustrations are so vivid that what they depict, we can see, hear, feel, taste, and smell. It is engrossing, compelling, to be drawn so completely into the worlds of these absorbing books.

Now we stop at a shelf that seems to draw us to it. There, like the volumes of an encyclopedia from another century, or the leather-bound first editions of the works of a great author from another time and place, is an impressive set of [the patient's age in years] books, numbered from one through [current age], entitled, "The Complete Life and Thoughts of *[patient's name]*." We open the volume [current age], and can see ourselves right here as we read the very book that shows us as we are. We can smile at that, and close the volume, putting it back on the shelf. And now we begin to look down the row of volumes

[count down from the current age to the age you hope to explore] . . . and now we are standing right in front of volume [age that one wishes to explore]. We open the volume, and leaf through it slowly [here insert suggestions that are specifically keyed to the material that is to be retrieved or more precisely suggest what is to be explored]. And now we find what we are looking for, a series of pictures that takes us rapidly and surely into the flow of how things were, of how things felt. With each picture, we become more absorbed, more completely involved. And now, as you become more in touch with how things were, as you see yourself as you were, you will find yourself reading more rapidly than I, and involved completely. Therefore, you begin to tell me what you see, what you feel, how things were.

COMMENTARY

Again, this allows for several measures of remove, distancing, and security. For patients with multiple personality disorder, this can be modified so that the volumes bear the names of the alters, and this procedure can be used to induce co-consciousness and to facilitate fusion.

A Vigorous Abreaction Technique

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INTRODUCTION

This technique is used when an effort is being made to exhaust the remaining dysphoria, recover the remainder of a trauma, and to enhance mastery. It is designed for use with extremely cooperative patients who have good ego strength, with whom the therapist has developed a good therapeutic alliance, and who have given informed consent to what is to be done. It should not be used with a patient whose equilibrium is precarious, unless the patient is in a structured setting or one can be provided if necessary. Its use with such a patient is only for the experienced and expert, and SHOULD NOT BE ATTEMPTED BY A NOVICE OR SOMEONE WITHOUT GREAT FAMILIARITY WITH ABREACTIVE TECHNIQUES.

VERBALIZATIONS

[After trance is induced and deepened (if necessary or desirable), the patient is instructed as follows:]

And now, let's go back over time, back over space, directly to [the incident]. Let the pain of [the incident] come back, and make it more and more intense, just to the point that it feels like it is happening again. Deeper and deeper into the pain. And now, let the pain stay with you. Let all the pain and all the memory return, and put into words whatever may occur. Allow all the pain to come through, at full force as I count from 1 to 10. [Count] For the next X minutes [sometimes time distortion is a desirable adjunct], allow everything to come through, full force. [Offer encouragement throughout.] And now, allow all the pain that needs to come out to do so within the next X minutes. [Count it down and reassure the patient that time is passing.] And now everything is coming out by the count of ten. [Count]

The positive aspects of this technique are the sense of mastery and closure that the patient gains. In the course of the abreaction, the patient learns to both induce and ablate the pain that is most feared.

The Fractionated Abreaction Technique

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INDICATIONS AND CONTRAINDICATIONS

An abreaction can be an emotionally wrenching and physically demanding experi-

ence. Many patients whose current problems are rooted in unsettling past traumas need to confront and process these traumas in the course of their treatments; however, for a variety of reasons these patients may not be suitable candidates for traditional abreactive approaches. Some patients' anxiety tolerance is inadequate to the task. For them a full-fledged abreaction may become a retraumatization rather than a healing process; in extreme instances a decompensation or major regression may occur. Still other patients suffer physical conditions that render an exposure to prolonged and intense affect undesirable or dangerous.

Although it might seem that the obvious solution would be to avoid abreactive work with such patients altogether, often this proves to be impractical and/or impossible. Sometimes such patients stumble into traumatic material and the spontaneous breakthrough of the material begins and cannot be completely curtailed. In others, the patient's difficulties do not become appreciated until the work with painful material has begun.

For such individuals the fractionated abreaction technique was developed. It allows for the recovery of experiences in discrete bits with a minimal experience of the associated affect, which is allowed to emerge later on, in small amounts, after the patient has placed him/herself in a state of autohypnotic relaxation. In addition, subjective time distortion is used so that each encounter with the affect, however brief, is experienced as having been quite extensive in duration. The overall goal is to bring unsettling material into awareness in manageable bits and process them in a very attenuated fashion. It is first used with minimally upsetting material to assess the patient's response to it. It is not designed to be used for the first time with highly charged material.

SUGGESTED VERBALIZATION

[The patient is placed in trance in whatever manner is mutually congenial, and deepening is used.] And now let us return to where we have been before, back to that book in the library of the mind [or any other congenial metaphor] in which we found *[the incident that we have been discussing]*. We can open the book once again, at the place where we left a bookmark. As we read, the pages come alive to us with sights and sounds and feelings. Let us read together for a paragraph or so, and put into words what we see. [Note: Verbalization is essential in this technique, lest the patient abruptly encounter material that is too much to handle all at once while the therapist is unaware.]

All right. Now at the count of three, your body and mind will enter a state of profound relaxation; you may, however, want to open your eyes, and we can begin to discuss what you have learned. *The emotions can be left aside for now.* Some will enter our discussion in a mild and gentle manner. The remainder will gradually percolate to the surface of the mind in the course of the week, *only* when your body and mind are profoundly relaxed in a state of self-hypnosis, when you are ready to allow them to be processed. One, two, three.

[The materials are discussed in great detail, over and over. Before terminating the trance, one says:] And as you study and work over what you have found, always in a state of profound relaxation and peace, you will find that small bits of feeling can rise to the surface of the mind, always in amounts that you can handle with no difficulty. *Although they will actually only be with you for a few moments, these moments will feel very impressive and complete; in fact, by the time we next meet, those feelings will have been completely metabolized, completely processed, and trouble you no longer.* If at any time in your autohypnotic work you do begin to feel some distress that is more than we have agreed is useful, you will immediately allow that feeling to slide away, and remain away, and you will call me so that we can consult together on its management.

The Slow Leak Technique

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INTRODUCTION AND INDICATIONS

The slow leak technique was developed for work with patients who had some or all of the following features: they were anxiety phobic, had poor anxiety tolerance, and/or were physically compromised. Such patients are not optimal candidates for the more strenuous experience of a traditional abreaction, which makes considerable demands upon both their physical and emotional resources. At first glance it might seem that all abreactive work should be avoided with such individuals. However, often a clinician will find himself confronted with a patient who, despite his or her limitations, has begun to abreact a traumatic experience spontaneously or has unexpectedly begun to do so in the course of psychotherapy. On occasion, unique circumstances may make it necessary to initiate an abreactive process with such a patient.

An effort was made to devise an approach that would allow the transformation of the abreactive process in such patients from an overwhelming experience that had the potential to become an additional (and potentially dangerous) traumatization to a situation involving elements of control and mastery.

The slow leak technique is used only after the patient has been introduced to hypnosis in a positive and nonthreatening manner. It was named for the verbalizations that were utilized on the first occasion of its employment (and spoke directly of a slow leak). It is a wordy technique that relies upon the development of a metaphorical story that constitutes a constructive alternative to the dire outcome the patient anticipates will follow in the aftermath of facing painful material. In essence, it creates an expectancy that the material can and will be managed without untoward disruption. It employs an implicit pseudo-orientation in time that reassures the subject that whatever was thought to be so difficult or impossible has, in fact, already been mastered successfully.

ILLUSTRATIVE VERBALIZATIONS

BACKGROUND. [This is a highly abbreviated version of a story that helped an elderly and timorous woman who lived near the scene of a nuclear reactor mishap. Prior to the induction of hypnosis, we had spoken at length about the proper way to dispose of toxic wastes. Hypnosis had been induced with a version of the eye-roll technique. Deepening was achieved by the use of a peaceful bucolic image in which she imagined herself walking through a lovely meadow on the edge of the woods, and then entering deeper and deeper into the forest.]

And now you have reached a beautiful place in the woods, where there is a clean flat rock, a rock where it is easy to find a comfortable place to sit. As you enjoy the unspoiled beauty of the scene, you find your thoughts going back to a time when it seemed to be in terrible danger, and you wondered whether all of this beauty and all of this serene loveliness could be preserved. Now that these woods are no longer threatened, it is possible to heave a sigh of relief and reflect back upon how this all came to pass. There was a time when you and your community did not know that you lived among dangerous and threatening toxic wastes, dreadful things left over from what had been done in the past and been long forgotten. Then, suddenly, you became aware of them, and it seemed that your way of life might be changed for the worse, that it might be destroyed or, at the least, changed forever.

That's how it seemed. The toxic wastes were beginning to escape containment. But you recall how some of the older and wiser members of the community realized that since the toxic wastes could not be contained forever, they needed to find a way to both deal with them and preserve everything they valued and they

loved. Finally, after they thought and thought, and got plenty of consultation and advice, they decided to release them very, very slowly by creating a deliberate slow leak that would provide no risk at all for anyone in the environment.

It might be good to remember something that you probably have forgotten—about the time that you visited the place where the slow leak had been arranged, about how scared you were to make that visit, and about how, when you finally arrived at the scene that you had been afraid to behold, you discovered that the leak that had been arranged was so very small and the drops that came out were so minuscule and infrequent, so far apart, that you left wondering why you had allowed yourself to become so concerned and apprehensive. It's amazing at times how our apprehensions can be so much more terrible than what we really have to face. So let's spend a while longer in this beautiful place. You know, its survival is a tribute to the capacity of human beings like yourself to find, within their conscious and their unconscious ingenuity, a way to heal and to become well and whole.

Watkins' Silent Abreaction Technique

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INDICATIONS

This is a symbolic imagery type of abreactive technique. It was designed for patients with strong feelings of resentment and anger. It is ideally suited for the office setting because the venting of the feelings is internal, and thus a loud catharsis in a less than soundproof environment is avoided. It has proven valuable in dealing with anger toward parents, spouses, ex-spouses, employers, and perpetrators of abuse, and in self-hypnosis tapes with women with premenstrual syndrome. In the later case, it can provide the patient with a means of self-control and a way of draining off intense feelings during the luteal phase of the menstrual cycle. It should be noted, however, that in some cases (especially with severe abuse and multiple personality disorder) a more overt, intense abreaction is generally required. The following description and verbalizations are mine, modeled after Watkins' description of the technique, but this contribution has been credited to her because it is her technique. (*Ed.*)

THE TECHNIQUE

Have the hypnotized patient imagine walking along a path in the woods with the therapist, deepening the trance as you enjoy details of the scenery. As you walk, you approach a waist-high boulder, covered with moss and dirt. Nearby is a large hammer with an axe-like handle that is lying on the ground. Have the patient nod when he/she can see the hammer and then have him/her pick it up. Suggest that the boulder represents feelings toward a specific person, a traumatic event, etc., and symbolizes all the frustration and resentments he/she has, encompassed in this mass of stone. Some patients may wish to visualize the boulder resembling a sculpture of a person.

ILLUSTRATIVE VERBALIZATIONS. "In a moment I want you to start beating on that boulder, hitting it harder and harder, until you're completely exhausted. And when you're worn out and too tired to go on, signal me by lifting your "yes" finger. Even though you won't be heard here in this office, you can yell and scream, and do or say whatever you wish in this place of ours beside the boulder. I'll make sure that no one will intrude on our scene in the woods. So you can feel free to hit that boulder, and yell or scream, or say whatever you want, here in the mountains, and no one will hear you. You can yell or scream the things you've only said inside before, or that you've always wished you could say, while you hit that boulder. And each time you hit it, pieces of it will break off or crumble."

Urge the patient to "keep hitting that boulder until it's completely demolished. And by that

time you'll be worn out and exhausted, and you'll have gotten all those feelings out." You may typically urge the patient to continue for four, five, or more minutes.

Periodically encourage the patient with verbalizations such as, "Come on, hit it again, harder!" "Keep on going. Get it all out. You don't have to keep it inside anymore." "More, and more, and more. Keep going. Don't give up. Just keep hitting that boulder, and yelling or saying whatever you want, until you're just too worn out to continue! And then that "yes" finger can lift. But don't stop until you get it all out and are really exhausted." It is important to convey some of the anger and intensity in your voice during these verbalizations.

Occasionally, an especially inhibited patient or someone fearing loss of control may balk at hitting the rock. Explore his/her hesitancy. In some cases, you may have the patient imagine laboriously pushing the rock over the edge of the deep ravine, just behind the boulder. Another option is to dissociate the patient, having him view someone who looks like him, yelling and screaming and hitting the boulder.

POST-ABREACTION EGO-STRENGTHENING Next, suggest that the patient can now drop the large hammer. And together, walk up a small rise to a beautiful meadow with wild flowers, where the sun is shining and there is a gentle breeze. Describe a lovely group of trees nearby, with soft green grass underneath. Suggest that the patient can lie down on the grass and watch the clouds peacefully drifting in the sky, while you sit nearby.

The patient may now be told: "Before we go on today, I need to hear something positive that you're willing to share with me about yourself." [This requires patients to shift frames and perceive some positive things about themselves]. If there is some hesitancy, persist. Next, particularly when the patient is responsive to kinesthetic, ideosensory imagery, the patient may be told: "I want you to pay very close attention to your toes. Something interesting is going to happen. In a moment you'll become aware of a warm, glowy, tingly sensation in your toes. When you notice that feeling, signal me with your "yes" finger [or, alternatively, "Nod your head"]. [After the signal:] Good. And notice, with a sense of curiosity, how that sensation begins to spread throughout your foot, and when it has flowed all the way up to your ankle, signal me again." Proceed in this manner up to the knees, the top of the thighs, through the trunk, to the shoulders, then down the arms, and throughout the head.

After the pleasant, warm, tingly sensation has spread through the entire body, following Watkins' model, the therapist may state: "These pleasant sensations come from your own positive feelings about yourself, from your inner resources and faith that you can resolve your problems." [Be careful to say only what you know is true about the patient.]

"And now this warm, glowing, tingly feeling can become even stronger, and when you feel it getting stronger, you can signal me again. [Pause] That's right. And this added sensation symbolizes another resource that you have. It represents energy coming from me and my belief in you, my faith that you have the strengths and resources you need to grow and solve your problems. [Be sure at this point to say what you honestly feel.] And this added energy represents my part in our relationship, as a partner in working with you to get to where you want to be. It symbolizes my caring, and respect, and belief in you and the inner resources of your unconscious mind. And you can allow yourself to feel it as a positive, strong energy, circulating all through your body."

In awakening the patient, suggest that the tingly feeling will probably be gone, but that the glow can remain.

Erickson's Age Regression Techniques

Milton H. Erickson, M.D.

INTRODUCTION

The following verbalizations illustrate several of Erickson's procedures for working through

trauma or negative life experiences. They are typically dissociative regression experiences that allow the patient to begin by more gently experiencing an event and the feelings about it in a gradual, piecemeal fashion. (*Ed.*)

SUGGESTIONS FOR A DEPERSONALIZED REGRESSION

And now you can look back on last night as if it were last week or even last month—who really cares now? Just feel comfortable and just as if you were another person. Tell me what happened to that young woman [the patient] in her kitchen that scared her."

REGRESSION WITH THE VISUAL HALLUCINATION SCREEN TECHNIQUE

INTRODUCTION. One method for reducing affective intensity is to physically dissociate the patient from the experience. Thus the patient may view the traumatic event on a visualized or hallucinated movie or television screen. During an interview, the patient may even be asked to view the event several times, from different camera angles and gradually with a zoom lens to bring the patient closer to the experience. (*Ed.*)

I later discovered that it is much easier to elicit regression with the following technique: You have the person hallucinate a movie screen, and on that movie screen is a living, moving picture. . . . My behavior suggests that I am actually looking at a movie screen. It is a nonverbal communication, a nonverbal suggestion; but my behavior—my eye behavior, my head behavior, the position of my upper torso—suggests that I am really looking right at that movie screen and that I am indeed viewing something on it. "And now a little girl appears from that direction over there, and she is walking happily along. Now she is standing still, but what is she going to do next?" And my subject is aware of my behavior; the subject looks in the direction I am looking and also begins to see the little girl. Of course, my subject is a woman, and who is the little girl she is likely to see? It is the little girl that is herself. Once in a while a subject (or patient) will see another little girl, so then I ask: "Tell me about that little girl. What is she doing now? I don't see her clearly. I couldn't see that movement she just made. . . . What was it? . . . What is she picking up now?" And my subject tells me. Next I want to know: "You know, I think the little girl is talking to somebody, but I can't hear. Will you listen carefully and tell me what she is saying? Now tell me, what is she saying?" So my subject tells me. I may then add: "No! She said that! And now she is going to do some thinking, and will you tell me what she is thinking?" And so my subject begins to tell me what that little girl is thinking. Now I ask: "And how do you suppose she feels? Can you notice how she is feeling? Does she feel the way her feet are placed on the ground? Does she feel the swing moving?" . . . Next I say: "You know, as you swing up there a voice here beside me can talk to me. And a voice beside me can talk to me." And so she keeps on swinging, and playing with the doll, and making mud pies, and what not; and a voice down here talks to me and tells me what the little girl up there is thinking and doing, because I really can't know those particulars.

SYSTEMATIC SURVEY OF EARLY CHILDHOOD MEMORIES

INTRODUCTION. It seems that sometimes Erickson had a patient systematically survey the learnings and memories throughout early childhood. We only have the following brief glimpse of some of his verbalizations available in his writings. (*Ed.*)

This was governed and directed by the therapist by intruding such statements as: "And in that first year what a wealth of fundamental learning, from diapers to pretty things and sounds and colors and noises;" or, "And then you come to the second year, creeping and walking and falling and using the toilet like a

good little baby and saying little sentences"; and, "Of course, there comes the third year and language is growing, words, so many, the parts of the body, the little hole in your tummy, and you even know the color of your hair."

DISSOCIATING AFFECT AND CONTENT

INTRODUCTION. Erickson believed that we try too often to recover entire experiences all at once. As an alternative in working with a subject capable of amnesia, Erickson would have the patient reexperience the emotions associated with the event, but without knowledge of what caused the emotions. He would then uncover the content (or sometimes just a part of the content), and then create an amnesia for it. Finally, the patient would retrieve and integrate the complete memory, including affect and content. This method is most successful with highly talented hypnotic subjects who are capable of experiencing amnesia. (*Ed.*)

ILLUSTRATIVE VERBALIZATIONS

Erickson provided us with detail on how he initially introduced this technique to the hypnotized patient so as to minimize resistance: "You point out to a patient that there are various ways of remembering things. Undoubtedly, when we cover up a memory, we usually cover up a lot more than the memory itself" [e.g., an address, a place, other things that happened that year]. . . . Does the year need to be covered up? All the other things that happened that year? You thus emphasize that the patient undoubtedly covered up many things that didn't need to be covered up. So why not uncover every one of those things that are safe to uncover and be sure to keep covered up the things that are not safe to uncover? You then define the situation as one from which the patient can withdraw at any time. You point out, 'Suppose you did accidentally uncover something you didn't want uncovered. How long do you think it would take you to cover it up again?'"

The patient in trance may be told that it is perfectly possible to remember the intellectual facts of something, but not to remember the emotions associated with it, and vice versa. You may then give a truism and metaphoric illustration: "Every once in a while, almost everyone has the experience of feeling discouraged and down, and yet we don't really know why. We sense that there must be some reason, but we just can't put our finger on why we feel that way."

"You can *experience* all your feelings about something that occurred at age X without being able to *remember* just what caused those feelings. When you next open your eyes you will have an unusually clear *memory* of all that, but without the *feelings* you had then." Apparently, Erickson sometimes gave posthypnotic suggestions to awaken and recall an aspect of the trauma, rather than restricting all the work to a formal hypnotic state. This technique is further illustrated in Erickson's dialogue from a specific case:

"Now after you awaken I will ask you casually, 'Are you awake?' In a moment you will say 'yes,' and as you say 'yes,' there will come over you all the horrible feeling that you experienced sometime before the age of ten . . . , but you'll have just the feelings. You won't know what the thing is that caused those feelings. You will just feel feelings, and you won't know what is making you feel so miserable. And you will tell us how miserable you feel. [Pause] Get a firm grip on those horrible feelings. You won't know about them until after I ask if you are awake and you say, 'yes,' and at that moment those feelings will hit you hard. Do you understand now?"

After therapeutic work: "Now the next time I awaken you, I have a different kind of task for you. When next I ask you casually if you are awake, you will say 'yes,' and then there will come to your mind something that could have scared you years ago. But you won't feel any emotions at all, is that all right? It won't scare you, is that all right? . . . You'll just remember,

'Yes, when I was a little kid I was scared.' That's the way you'll remember it. You will be able to laugh about it and take an adult person's view." Erickson would emphasize, "It will be just a memory, as if it happened to somebody else."

"But then there were other pictures, some of them taken when we were *very* young, that we couldn't remember at all. They were interesting, but we had no memory of them, no feelings associated with them. The picture showed us the details, or if it was an old home movie, we would have seen all the facts of what occurred, but we didn't have any feelings associated with it. And in a similar way, you'll find that you can remember details, facts that happened, but it will be as if they happened to somebody else. Your unconscious mind will bring up some facts and information about what happened, but none of the feelings, just the content and details, but without any feelings about it. Do you understand?"

After working singly with affect and content, Erickson then facilitated a full recall of the experience: "And when I ask you if you are awake and you will say 'yes,' then immediately this entire episode will flash into your mind very vividly. Is that all right? . . . Completely, intellectually and emotionally complete. So that you will know what your feelings *were then* and everything about how you felt *then*, even knowing yourself then." Another of Erickson's suggestions to facilitate the final integration of the repression was to tell the patient, "As you review that, you can now experience an appropriate balance of *thinking* and *feeling* about the whole thing."

Since this is a unique method, you may appreciate the opportunity to review still other suggestions that Erickson used with a different patient: "All right, you are in a deep trance. I would like to explain a few things to you. You know what a jigsaw puzzle is? You can put a jigsaw puzzle together in two ways: You put it together right side up, and then you will know what the picture is; you can put it together reverse side up, and there you have just the back of the jigsaw puzzle. No picture on it—just blankness and no meaning, but the puzzle would be together. The picture of the jigsaw puzzle is the intellectual content. . . . The back of it is the emotional foundation, and that will be without any picture. It is going to be just the foundation. Now you can put that jigsaw puzzle together by putting two pieces on one corner together, two pieces in the middle together, two pieces in another corner together, two pieces in a third corner, two pieces in a fourth corner, and then, here and there, you can put two or three pieces together. You can put some of the pieces together face up, some pieces together face down. You can put them all together face down, put them all together face up, but you do what you want to do . . . Suppose you haul out from your unconscious just a few little pieces of that unpleasant memory." After processing the feelings he got back, Erickson had him experience an amnesia for what he recalled. "Suppose you reach down into your repressions and bring up a few pieces of the picture." After talking about the content that he remembered, Erickson said: "That is fine, now you shove that down. Now bring up some more pieces of emotion." Afterwards Erickson had the patient re-repress the material and bring up more content. As already stated, this process may continue back and forth, creating an amnesia for each aspect after it's experienced, and providing rest periods as needed after intense abreaction and before the final recall of the complete memory.

Gradual Dissociated Release of Affect Technique

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I have often used another variant of Erickson's technique of dissociating affect and content in successfully working with severe trauma in cases of multiple personality. A personality who holds both the content and feelings of a memory is asked by the therapist to give back feelings only to the appropriate

personality (most commonly the host). The therapist then negotiates with the host personality to establish a willingness to receive these feelings back for a limited period of time (e.g., 30 seconds). When agreement has been reached, the personality holding the feelings is told that when a cue word ("NOW") is given, he/she should give back only feelings (no content) for the prescribed period of time, which the therapist will monitor. This personality is then instructed that in a moment he will see the number 100 as he looks up and to the right. This number, he is told, signifies the amount (percentage) of feeling that he currently has inside about the traumatic incident. After the carefully timed abreaction is concluded, the host personality is given soothing, calming suggestions and allowed to rest or sleep while imagining being in a peaceful, secure setting. The other personality is then asked to look up and to the right and to verbalize the number he sees. This number has often been reduced to one in the range of 60-85. Later in the hypnotic session, or in another session, this process may be repeated until the number is sufficiently reduced that the patient is willing to recall the content of the memory along with the remainder of the feelings.

Sickness and Immunity Metaphors

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INDICATIONS

There are many methods of interpreting and helping the patient to reframe negative life events. Metaphors are one of those methods. This is an example of what I refer to as trauma metaphors. This type of metaphor may be useful with victims of incest, grief, divorce, and other types of past trauma. This particular metaphor is even more useful with a patient who is also kinesthetic.

THE METAPHORS

Remember a time when you got the flu, and how completely *miserable* you can feel. Remember how your *stomach* feels, when you're sick like that, and how your *head* feels. [Pause] And there's the *nausea*, and sometimes the congestion. And when you're *so sick* like that, it *drags on*, seeming *endless*. *And you wonder if it will ever be over.* [Pause]

And you feel so *exhausted*, worn out, and *depressed*. And you may recall how miserable the *high fever* is, how hot you feel. And with high fevers, sometimes our *perceptions become so altered, distorted*. You lay around, and don't do much, and time passes so slowly. And sometimes our sleep is so fitful, and we have nightmares, or *confused, mixed-up dreams*. And we can't seem to think very clearly.

And sometimes you get the cold sweats, perhaps in part because it gets *frightening*. You start having *vague fears*, *that you won't get over it*, or that maybe it's more serious than you imagined. And at these times, *you feel so alone*, so *cut off* from the world. Although sometimes *we cut ourselves off* when we're sick, because we feel so rotten, and because we're afraid we'll make others sick or miserable. We can't imagine anyone wanting to be with us. And so *the world can seem uncaring*, and not understand how really sick you feel. And yet this is the time when you really want and *need attention*, and tender loving care.

But as really miserable and bad as that was, *you got over it. It ended.* And it really wasn't very long before, *you began forgetting* how bad it was. You were so completely miserable. It *seemed* endless, and like torture, but *you lived through it*, and before long, *forget how bad it was*. And later, you just vaguely remember that it happened, a long time ago. *But it doesn't continue to influence you.* And after a while, you can hardly even remember it at all, and *rarely ever think about it*. There's no need. It was just something *long ago*, and so many happy and wonderful things happened later, that they can just sort of obscure, and outweigh that brief period, long ago. And with *this* pain,

that you've been through, even though it was much worse than the misery of the flu, it also, will seem this way. And later, it will be hard to remember, how bad it was.

ADDITIONAL OPTION. And as I think about this, I wonder if you ever had chicken pox? I did. And the misery that *you've* been through, is maybe kind of like that experience, of having chicken pox. I found that it can leave some marks on you. It usually leaves a scar or two behind. But they're usually in places where other people can't see them, and where they won't show, or interfere. And it just becomes a part of you, that you seldom even think about.

IMMUNITY METAPHOR FOR REFRAMING

And when we're miserable and hurting, we usually don't realize a hidden benefit, in the suffering. Through the process of suffering, without any conscious awareness, we *inwardly change*. After something has happened, like the chicken pox or the measles, we develop some immunity. We've been influenced in such a way, that in a sense, *we've grown stronger, much stronger*, internally. It's as though, because of the adversity and suffering—even though we seldom recall the experience later—we've been made *stronger*, more immune to some things, for having lived through it. And we also change, in that we also have a greater sense of compassion and empathy for others, who suffer. And we can appreciate, that without unpleasant experiences in life, you wouldn't be able to so fully enjoy and appreciate how wonderful the beautiful, happy times are.

And as you reflect for a moment about the suffering *you've* been through, you can feel a sense of *inward strength*, realizing that *you* survived this. [If the suffering is current: "As you reflect on the suffering you're going through, you can know that as miserable as it is, it will end, and you will be stronger for it."] As they say, a smooth sea, never made a skillful sailor. And this pain and struggle *have made you stronger*, like a tree strengthened by the winds. Those painful experiences have formed [will form] a foundation of strength. And therefore, deep inside, you can have an inner sense, that having survived the pain of *this*, you have the strength to cope with *anything*, that comes along.

Metaphor of an Injury, Scab, and Healing

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INDICATIONS

This is a trauma metaphor that is valuable in working with incest, rape or trauma victims, as well as with patients struggling to work through divorce. It consists of truisms about a virtually universal experience, tending to facilitate acceptance by the patient. It is my belief, however, that metaphors are primarily part of the reframing and working-through process and, as such, are best reserved until after an abreaction has been facilitated. The abreaction will release outdated emotions, lower patient defenses, and create an openness to accepting subsequent therapeutic suggestions. Stated another way, experiencing precedes conceptualization.

THE METAPHOR

We've all had the experience of scraping a knee, or an arm, or an elbow. And after we're injured like that, *when it's first beginning to scab over*, it's still soft, and kind of bloody, and many people don't like to look at it, and kind of wince when they see it. And that may even make us feel self-conscious. *And when it's still raw and painful*, we don't want people to touch it, because the wound is still too painful and fresh. But it can be nice when there are people who show care, and who are nurturing and show us the tender loving care we need, without touching the hurt directly.

But then, after a little while, as a natural part of the healing process, it scabs over to protect us, and that part of us can get very hard, as a defense to protect us for a while, while processes within ourselves, natural healing processes are gradually taking place. And that healing takes a little time.

And because of that scab, we're very aware of that hurt for quite some time. But inside, healing is taking place. After most of the healing process has already been automatically occurring inside, the outer protective hardness and scab begin to disappear, breaking off from the outer edges toward the middle, so that the less sensitive parts, that weren't as seriously wounded, are able to disappear first. And often the very core of it takes a little longer to recover and regenerate.

Sometimes, when we're young and don't know better, we're tempted to keep picking at it and bothering it, which only reopens and exposes the wound too soon, so that it takes even longer to mend, and leaves a scar. So you don't want to take off that protective scab *right away*. You want to allow a certain amount of time that's necessary, for natural healing to occur. And if someone is wise and caring enough to help us, and gently lubricate the scab and keep it oiled to soften it up, then it may heal without even leaving a scar.

But *most of us* in the process of growing up got some scars, that later, may be little reminders that something happened a long time ago, but which doesn't have to mean much later on. And after a while, we hardly even have to notice it. In fact, I have several scars that remind me that I was hurt once, a long time ago, but I really can't even remember just what that was. And later, in the couple of cases when we can remember what caused a scar, we don't feel anything any longer. We just remember that something happened a long time ago, but it doesn't hurt anymore, in remembering.

And with this pain that *you've* been through, I think you'll find that your healing process is really very similar to what happens with your body. [This is the bridging association; suggestions very specific to the patient's needs may now be made.]

THE COLLAGEN METAPHOR

And sometimes when there has been a particularly deep scar, with modern techniques and advancements, our healers of today have learned how to overcome that. For instance, we can take some collagen, and inject it, which is, of course, a little painful. But that little pain that is caused by the doctor is well worth it, because we have discovered now how to inject new things into that space, so that new tissue grows to replace the old, gaping hole. And it fills in with new life, so that the scar no longer remains, and something new and wonderful has replaced it.

And in a similar way, with the spaces where there has been pain, and suffering, and anger, new things can fill those spaces. You'll find that you can let go of those old, outdated, painful feelings, that belong to the past. And there are new feelings, and new meanings that you can allow to fill those spaces, where the old feelings were stored. And when your unconscious mind can sense you letting go of old, outdated feelings, your "yes" finger can float up. [Following an affirmative reply:] Good. And when your unconscious mind feels the empty spaces that are left, being filled in with positive, new, good feelings, your "yes" finger can float up again.

[After an affirmative reply, suggestions may be reinforced. For obvious reasons, it is infinitely easier for patients to let go of old feelings after they have already, earlier in the interview, reexperienced the past events and had a cathartic release and working-through of the experience.]

Example of an Analytical Procedure for Reframing

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INDICATIONS AND INTRODUCTION

The following excerpts illustrate a method referred to as ego-state reframing (Hammond, 1988f; Hammond & Miller, in press) for the

working-through and reframing of feelings. This method may be used following the identification of a problematic past experience. It is recommended that an abreaction be facilitated prior to using this reframing technique. When abreaction is done without cognitive restructuring the therapist runs the risk of simply creating a transitory emotional release. On the other hand, when emotional experiencing of the event does not precede the conceptualization process, the experience becomes overintellectualized and may well be ineffective.

Barnett's method illustrates the manner in which a therapist may use the metaphor of an adult ego state helping a child ego state to work through negative emotions. It is essentially a method, following catharsis, for facilitating self-healing. It will be apparent that Barnett uses a transactional analysis model for conceptualizing this process. For further details about the rationale of this method and additional examples, consult Barnett (1981).

Note in the case example how Barnett initially determines the primary emotions involved in the incident. He subsequently encounters initial resistance and, therefore, begins by facilitating a more dissociative regression and gently moves the patient into a partial regression. There is then greater affective involvement on the part of the patient. After obtaining the details of the experience and at least some emotional release, the reframing process is illustrated. (*Ed.*)

UNDERSTANDING THE REPRESSED EMOTION(S) AND THE ASSOCIATED FEELINGS OF GUILT

"I would like you to give all of your 40 (present age) years of wisdom and understanding to four-year-old John, and when this has been done, the yes finger will lift. . . ." "Is there more information that needs to be divulged before full understanding can be attained?" If so, this information should be imparted to the 40 year old John (Adult) by the four-year-old John (Child/Parent) ego complex, and this can be done at an entirely unconscious level with the ideomotor signals as the only evidence that this has been accomplished.

RECOGNITION OF THE CURRENT IRRELEVANCE OF THE PREVIOUSLY REPRESSED EMOTION

"Four-year-old John, with the wisdom and understanding that you now have, do you still need to keep those old tensions?" At this point the specific emotions identified as being repressed can be enumerated individually. . . .

"Are you keeping those old out-of-date uncomfortable feelings for protection?" A yes answer to this question means that the therapist must renew his efforts to persuade the Adult of 40-year-old John to convince four-year-old John that he (40-year-old John) is now able to protect himself and he needs no further protection from four-year-old John's outdated feelings. Four-year-old John needs to be reassured that 40-year-old John has ready access to his own protective emotions should the need arise. If necessary, four-year-old John can be asked to hand over all his outdated, uncomfortable feelings and responsibilities to 40-year-old John, who is now quite capable of protecting every part of the personality complex. If 40-year-old John has been sufficiently convincing, the question as to whether these old tensions are necessary should now receive a no response. This procedure may have to be repeated before this reply is attained. Sometimes four-year-old John remains convinced that he must retain his old protective emotions for one reason or another. He should then be asked, "Do you need to keep these uncomfortable feelings *all* of the time?" A no to this question should be followed by a direction to four-year-old John to be certain of the kind of circumstances when he feels that he needs all of his uncomfortable tensions and confirm this fact with ideomotor signals. He is then asked to be equally certain of those circumstances where the uncomfortable feelings are not necessary and be persuaded to discover means of relinquishing these feelings at such times. This maneuver does not abolish

symptoms but it does establish considerable control over them.

"Are you keeping these tensions to punish yourself with?" A more difficult situation arises when old tensions are deemed to be necessary not for protective reasons but for self-punitive reasons. When the Parent remains convinced that it is still its duty to punish the Child (in spite of the intervention of the Adult), a renewal of this intervention is called for. The objective is to convince the Parent that the Child did not do anything that could be regarded as bad, even though it may have originally merited parental disapproval, and the punishment so far meted out by the Parent should now be regarded as having been more than adequate. To aid the Parent, the therapist can make such statements as the following: "I know that you have done a great job in disciplining four-year-old John and have done so to the best of your ability, but the time has come for you to forgive him. I believe that you can do this if 40-year-old John will make sure that all will go well and if four-year-old John can assure you that he really did not mean to create so much distress by his behavior." In this way the Parent is given a means of relinquishing the arduous responsibility of maintaining a punitive stance toward the Child and can then be encouraged to take care of four-year-old John in other, more appropriate, protective, nurturing and loving, parental ways.

RELINQUISHING THE REPRESSED AND REPRESSING EMOTIONS

While the Parent ego state has agreed to stop punishing the Child (and the Child has recognized that the old outdated feelings need no longer be retained), it must nevertheless be empowered to discover means of relinquishing its repressing activity. It may need to obtain permission from other parts of the personality to accomplish this; it also needs to find improved ways of relating internally with the Child. All of these new behaviors must be discovered if the Child/Parent conflict is to come to an end. The Adult ego state is that part of the individual's personality with the resources and the communications within the personality to accomplish this task. With ideomotor questioning, it is easy to switch from addressing the unconscious Adult to communicating with the Child/Parent ego state complex simply by labeling states by their respective ages.

"Four-year-old John has agreed that these old tensions are no longer necessary. Forty-year-old John, using all of your wisdom and understanding, I would like you to find a way for four-year-old John to let go of all of these unnecessary, outdated, useless old tensions. When this has been accomplished, the yes finger can lift to let me know." Fortunately, this state is usually accomplished readily, even though it may take some time for the unconscious mind to find an appropriate solution. It is wise to assure the patient that the solution need not be known at a conscious level. In some cases, no solution is found. Invariably this is because a strong Parent has decided to retain a punitive position.

RECOGNITION OF THE RESOLUTION OF THE CHILD/PARENT CONFLICT

At this stage, a solution of the conflict between the Child and the Parent has been found but not yet applied. It is now necessary to apply this solution to see if it is acceptable to all parts of the personality.

"Four-year-old John, 40-year-old John has now found a means by which you can let go of all of the old, out-of-date, unnecessary tensions that you have been keeping. Please use that way right now and let go of all of those tensions. When you have done so, let me know by raising the yes finger." In most cases the yes finger is promptly raised and the therapist knows that the conflict is probably at an end. Nevertheless, he should then confirm that the tensions have been relinquished by saying, "If you have really let go of all of the old tensions, John, you should now be feeling very comfortable inside, more comfortable than you have felt for 36 years. If you are really very comfortable, the yes finger will lift again."

An even better confirmation of this relief from tension comes if there is a spontaneous smile. A simple confirmation of this inner comfort is the *smile test*, in which the previously distressed ego state complex is asked to indicate its relief by smiling, as follows: "Four-year-old John, if you are really feeling comfortable, you can give me a nice smile to let me know." The presence of a really happy smile is excellent proof of total relief from the original tension. Conversely, any difficulty in giving that smile will alert the therapist to the probability that some old tension remains.

CASE EXAMPLE

[This dialogue follows suggestions for age regression to "the first experience that has anything whatever to do with" a problem of anxiety attacks.]

Dr.: When you are at that very first experience that has anything whatever to do with it—you do not need to become consciously aware of it—but when your deep inner mind is there, your head will nod for yes. [Head nods.] Now I want you to go through that experience just in your deep inner mind—your conscious mind doesn't need to know about this—and when you have done that, again your head will nod for yes. [Head nods.] That experience you have just gone through . . . is it a scary experience? [Head nods.] Makes you feel sad? [Nods.] Makes you feel angry? [Nods.] Guilty? [Nods.] Is it sexual? [Head shakes.] Are you five years of age or younger?

Pt.: About five.

Dr.: You're five years of age. Okay. Five-year-old Vera, what's happening? What's happening at five years of age? [The patient is beginning to look extremely sad and is obviously on the verge of tears.] You're feeling very sad, scared and angry. What's happening there? Five-year-old Vera, if it is okay to talk to me about it, just nod your head. If it is not, shake your head. [Head shakes.] Okay, you needn't talk about it. Does 28-year-old Vera know all about it now? [Shakes.] Can you tell her all about it? [Nods.] Will you tell her? [Nods.] Okay. [Pause] Does she know all about it now? [Nods.] Can she now feel all of that scared feeling and all of that sad feeling and all of that angry feeling? [Nods.] She can? Oh, good. Do you think that you are going to be able to tell me anything about it at all? [Nods.] Okay, five-year-old Vera. It is really scary, is it? [Nods.] And sad? [Nods.] Okay, bring it all forward. What's happening now? Where are you?

Pt.: I'm waiting at home. [Tearfully.]

Dr.: You are? What for?

Pt.: For my Mum.

Dr.: Oh?

Pt.: She's late.

Dr.: Oh, dear.

Pt.: I'm afraid of being left alone.

Dr.: I see. What are you afraid of?

Pt.: I don't know where to go if she doesn't come home.

Dr.: Yes . . . what happens?

Pt.: Well, I cry.

Dr.: Is there anyone about?

Pt.: No.

Dr.: Are you in the house?

Pt.: Yes. [Looking frightened.]

Dr.: Very scared? Do you cry for a long time before she comes?

Pt.: No.

Dr.: Does she come soon?

Pt.: About five or ten minutes.

Dr.: And how do you feel when she comes?

Pt.: Relieved. [With a sigh.]

Dr.: Did she say anything that bothers you?

Pt.: No.

Dr.: Does she ask you how you are? [Nods.] Does she give you a cuddle? [Nods.] Do you feel safe? [Nods.] Okay, 28-year-old Vera, did you hear all of that?

Pt.: Yes.

Dr.: There is five-year-old Vera still feeling scared and still feeling hurt. Would you please give her all of your comforting, your wisdom and your understanding? When you have done that, nod your head for yes. [Nods.] Five-year-

old Vera, now you've heard that, do you still need to keep that scared feeling, that hurt feeling, that angry feeling any longer? If you do, nod your head for yes, but if you don't, then shake your head for no. [Shakes head for no.] Okay, 28-year-old Vera, five-year-old Vera has told me that she doesn't need to keep that old scared feeling any longer. Would you please find a way for her to let go of it? When you have found a way, nod your head for yes.

Pt.: [Nodding.] I've found a way.

Dr.: Five-year-old Vera, there is a way now. There's a way you can let go of that scared feeling right now. You can feel safe to change that sad feeling into a happy one. Let that old angry feeling go and be loving. When you have done that, let me know by nodding your head. [Pause.] Five-year-old Vera, can you do it? [Shakes head slowly.] Okay. [Pause.] Now, 28-year-old Vera, five-year-old Vera can't do it yet. She is still keeping some uncomfortable feelings. I want you to really understand what it is she is keeping. Maybe, five-year-old Vera, you can tell me what it is that is making you feel so bad. [Pause.] You haven't told me about something that is bothering you. What is it? [Pause.] Are you still angry with her—with Mum for not coming? [Pause.] Do you feel guilty about being angry with her?

Pt.: [Sighs.]

Dr.: Do you feel guilty about being angry with her? [Nods.] Is there anything else that you want to tell us, five-year-old Vera? If there is, nod your head for yes; if there isn't, shake your head for no. [Pause.] [Shakes.] Okay, 28-year-old Vera, talk to five-year-old Vera again and see if you can get her really to feel good. When you have done that, nod your head for yes. [Pause.] [Nods.] Five-year-old Vera, now you've heard that, do you still need to keep those old, out-of-date, uncomfortable feelings any longer? [Pause.] [Head shakes.] Good. Twenty-eight-year-old Vera, five-year-old Vera now says she doesn't have to keep those uncomfortable feelings anymore. They're out of date, they're finished with. It's all past. It's over, and I am going to ask you to please find a way for her to let go of those uncomfortable feelings for good. When you have found a way, nod your head for yes. [Pause.] [Nods.] Five-year-old Vera, you can now let go of those uncomfortable feelings. Let go of those uncomfortable feelings right now, and when you have done that, just nod your head to let me know that you have done it. [Pause.] [Nods.] Now if you really have let them all go, five-year-old Vera, you should be feeling very good inside. Good, comfortable feelings, so good to let go of all that pain and unnecessary uncomfortable feeling. When you are feeling really good inside, perhaps you can give me a smile which says, yes, I am feeling good.

Desensitization: An Example of Rapid and Repetitive Memory Evocation

M. Erik Wright, M.D., Ph.D.

INTRODUCTION

Distressing memories, whether stirred by one of the projective techniques or by some other precipitating event, may lose their emotional intensity and impact through a process of desensitization. Desensitization can be achieved by having the client repeatedly relive the painful memory while the therapist offers suggestions to dissipate the emotional hurt, as in the following example.

FACILITATIVE SUGGESTIONS

Therapist: This time you will go through this entire stressful experience again, but it will occur at a much more rapid pace. You will experience every detail of the situation again as I count from TWENTY to ZERO. . . . [The therapist suggests reduction of hurt:] But as I reach the ZERO count you will also note a significant discharge of some of the emotional

intensity tied up with the remembrance of this episode in your life. . . . Let yourself begin the experience . . . TWENTY . . . NINETEEN . . . etc. . . . ELEVEN. . . . You are well into the experience and it is beginning to come to an end. . . . NINE, etc. . . . TWO. . . . The episode is ending . . . ONE . . . ZERO. . . . The episode is over. . . . Take a deep breath. . . . [The therapist suggests emotional calmness to dissipate hurt:] Go more deeply into trance and have a quiet calmness flow through you as the pain, hurt, and stress of this episode dissipate and decrease. . . . [The process is repeated:] Let us ask the inner part of your mind if it would be helpful to once more go through this experience at an even more rapid pace, with an even greater decrease in the stored tensions that remain in some form right up to the present. . . . The "yes" finger signaled that it was okay. . . . So, once more . . . etc.

COMMENTARY

Desensitization, abreaction, or whatever one chooses to call the release process is beneficial for many clients in the assimilation and detoxification of past painful experiences that, in terms of the current status of the individual, no longer need to arouse undue distress. With repetition and reliving under hypnotic trance, the "alien" quality dissipates, the episode begins to assume manageable proportions, and a better psychological perspective about the memory evolves.

Forensic Hypnosis Guidelines: The "Federal Model"

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1. The investigative hypnotic examination should be the responsibility of a psychologist or psychiatrist with specific training in its use.
2. The interrogative part of the conference should be accomplished by a law enforcement officer with special training in conducting interviews in the hypnotic environment.
3. The mental health professional and the law enforcement investigator should work as a team. It is wise and discretionary that they not be informed about the facts of the case in any detail, lest the inquiry become biased and contaminate the information desired. The law enforcement interviewer should not be involved in the investigation of the case, and the mental health professional should be independent of responsibility to the prosecution or investigating agency.
4. All conferences of the interview team with the individual to be hypnotized should be videotaped. Before the hypnotic interview, a brief mental evaluation of the interviewee should be conducted by the mental health professional.
5. Before the hypnotic interview, the person to be questioned should be given an opportunity to provide a conscious, detailed recital of the experience. It is important to have a record of what the witness describes in conscious recall before the hypnotic interview.
6. While conducting the interview, the consultation team should be careful not to prompt the witness with any new components to the description of his/her experience and should be especially careful not to alter the perceptual reality of the incident in any way.
7. The number of people present in the room during the interview should be kept to a minimum, but may include the prosecuting and/or defense attorneys, the case agent, a chaperone when appropriate, or a close friend or family member at the request of the interviewee.
8. Finally, all information gleaned from the hypnotic interview must be independently corroborated by other evidence before it is used as an investigative lead or is presented in court.

AGE PROGRESSION

Erickson's Time ProjectionTechnique

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INDICATIONS AND CONTRAINDICATIONS

Erika Fromm has expressed her belief that age progression procedures are contraindicated with seriously depressed and suicidal patients. Erickson still used this method, however, with quite depressed patients. Nonetheless, I urge great caution in utilizing it with seriously depressed patients who may project themselves negatively into the future, stimulating further feelings of hopelessness. This technique may be used with couples as well as individual patients, but it is not recommended for use it with couples who are highly discouraged or teetering on the brink of divorce.

STEPS IN THE TECHNIQUE

STEP 1: TRANCE TRAINING. All of Erickson's subjects were described as somnambulistic and he specifically indicated that this technique was generally used with a deep trance (Rossi & Ryan, 1985, p. 196). Subjects should also, ideally, be capable of experiencing amnesia.

STEP 2: IDENTIFY HOPES AND WISHES FOR THE FUTURE. After deeply hypnotizing the patient, while in the trance, have him meditate about and identify his hopes and wishes for the future.

STEP 3: (OPTIONAL) REVIEW PAST HISTORY AND PATTERNS. Have the patient visualize or hallucinate a series of TV sets (Erickson had the patient hallucinate "crystal balls"), like in an appliance store with a whole wall of TV sets. Instruct the patient that he will be able to see himself in a variety of situations (in moving pictures) and at different times in his life. He will be able, therefore, to observe his behavior, reactions and patterns at different times, to compare, to contrast, and to discern the threads of continuity between different ages. This review may also include reviewing achievements and learnings that have occurred in therapy.

STEP 4: DISORIENTATION AND CONFUSION REGARDING TIME. "The deeply hypnotized subject is reminded of the current date; told that the seconds, minutes, and hours are passing; that tomorrow is approaching, is here, and now is yesterday; and that as the days pass, this week will soon be over and then all too soon next month will be this month . . . and do it easily and gradually without rushing the subject." (Erickson, 1980, Vol. 4, p. 400). In this manner the patient is disoriented first for the day, then the week, then the month, "culminating in an amnesia for time, place, and situation, but with an awareness of the general identity of the self" (p. 425). Erickson recommended that we not be too specific in defining the future period of time, allowing the future dates to be selected by the patient.

The following confusional suggestions, transcribed verbatim from one of Erickson's (Erickson & Rossi, 1989) cases in 1945, further illustrate his method of reorienting the patient in time. In this particular case age regression was employed, but the direction of movement in time is simply reversed in age projection:

> Time can change, can it not? And I want you to forget something. I'm not going to tell you just what it is. But you are going to forget something gradually, slowly, easily, and comfortably. It almost seems as if it might be Monday [the day is Sunday], or perhaps it might be Saturday, or as if it might even be Friday. [Going backwards because this is to be a regression.] And I want it to seem that way, and I would like to have you feel a bit amused as you begin to get confused about the date, and enjoy it . . . And since you don't know what day it is, it will be hard to tell what week it is. It has to be this week, but what

week is this week? Is it the last week in May or the first week in June? [It was actually June.] Or maybe it isn't either one. I want you to enjoy that. June, May, May, June, and the first thing you know the thought of April will come into your mind [because this is an age regression]; and it can't be June, it can't be May, it can't be April. And now as you experience that feeling, I want you to realize you have forgotten something else. You forget it is May, and if you think it is April or March, or even if you think it is February—March, April, May, and June are forgotten, and now I want you to discover you are not certain whether it is 1944 or 1945 [actually it's 1945].

[At another time the following suggestions were used:] Now listen carefully to me. It's 1942, is it not? And time is changing, changing, and soon it won't be 1942. Soon it won't be 1941. Many things are slipping from your mind, and you are forgetting and forgetting and forgetting and forgetting, and you are just a little girl—just a little girl and feeling happy. Now you can talk to me.

What day of the week is it? You really don't know, do you? You have more important things to think about.

After the patient had received further trance training, the following suggestions for time projection into the future were then used (Erickson & Rossi, 1989):

And now I want you to understand, listen carefully and understand, that time is going to change again. And it is now June, 1945. And I'm going to change time again. I want you to forget June, 1945. Forget, June, 1945, *and yet be able to listen to me and understand me. And time is going to change and you won't know what day it is, or what month it is, and you won't even care.* You will be comfortable, sleeping deeply and soundly. *You won't even care what day it is.* All you want is to sleep. And now time is changing, and I want you to realize that time has changed very quickly. Still you don't know the day and you don't care. Soon it is going to be August, 1945. August, 1945. And it is really going to be August, 1945; *and before it will be August, 1945, many things must happen to you.* Many different things. And slowly I want those things to happen to you. I want them to go through your mind [or the patient could see them on TV sets or crystal balls]—every day in July and every day in the first week of August. I want these days to be clear in your mind until slowly you begin to recall even the last week in June, 1945. *And now sleep and let time go by until it is August, 1945.* Just keep sleeping as time goes by, as things happen to you—many things happen. And in August, 1945, you are going to come to see me. You are, are you not? *When it is August, 1945, I want you to sleep with your eyes open, and talk to me, and tell me those things that happened the last week in June, and in the weeks of July and the first week of August* [an implied directive type of suggestion, allowing the patient to take whatever internal time was necessary, and then providing a behavioral response when it was completed]. And you've got to tell me about . . ., what you did, and how you did it.

STEP 5: PSEUDO-ORIENTATION IN TIME INTO THE FUTURE.

The patient is now projected into the future. After being oriented in time, interact with the subject as if both patient and therapist are now in the future. This step is illustrated in the following suggestions that were used by Erickson (1980, Vol. 4, pp. 401-402):

"As I remember, I saw you last about two months ago. You came in to report your progress. I put you in a trance and had you visualize yourself in crystal balls so that you could give me full accounts. Now, suppose you remember tonight all the things you said and saw that night about two months ago. Never mind anything I saw or did; remember only the things you said and saw and did while you were giving me the report. [This was to prevent him from recalling anything about preliminary or subsequent hypnotic inductions, particularly in relation to time projection.] Now review all those things, some of them go way back to our first meeting and even way back to the beginning of the problem you brought to me. Think them over carefully, clearly, extensively, and then discuss things for me."

You now have the patient evolve "fantasies in keeping with their understandings of actually attainable goals" (1980, Vol. 4, p. 422). Erickson found "there was no running away of the imagination, but a serious appraisal in fantasy form of reality possibilities in keeping with their understandings of themselves" (p. 422).

Erickson indicated that he would provide "elaborate instruction" to the patient "to ensure a calm, comfortable feeling and to induce an overwhelming interest in whatever the writer might have to say" (Vol. 4, p. 405). He further

explained: "Then I ask the patient who has altered his time orientation to think comprehensively about stressful matters—about those things that worry him and make him fearful in his current life situation. And since he can look upon those things from his reoriented vantage point as having occurred in the past, he now can employ hindsight in their resolution!" (Rossi & Ryan, 1985, p. 196). In facilitating the patient's analysis, you may ask questions like, "How was it that you finally . . ." and "What was it that happened?"

Prior to suggestions for amnesia, you may present confident suggestions concerning what the patient has accomplished in the future. For instance, "You now know that you can, you are confident. In fact, you have succeeded, and there is nothing that you can do to keep from succeeding again and again" (Erickson, 1980, Vol. 1, p. 172).

STEP 6: EXTENSIVE SUGGESTIONS FOR AMNESIA. Erickson (1980) indicated that "every effort was made to keep them unconscious by prohibitive and inhibitive suggestions. By so doing, each patient's unconscious was provided with a wealth of formulated ideas unknown to the conscious mind. Then, in response to the innate needs and desires of the total personality, the unconscious could utilize those ideas by translating them into realities of daily life as spontaneous responsive behavior in opportune situations" (Vol. 4, p. 421). If at all possible, he did not want this process to be one wherein the patient simply consciously imagined the future and remembered it following hypnosis. "For the patients, special understandings for the future were developed in their unconscious minds, and their actual life situations presented the reality opportunities to utilize those ideas in responsive behavior in accord with their inner needs and desires" (p. 422). "Furthermore, [because of the amnesia] their behavior was experienced by them as arising within them and in relation to their needs in their immediate life situation" (p. 422).

The following suggestions from one of Erickson's (Erickson & Rossi, 1989) cases illustrate this step:

> I want you to keep that knowledge in your unconscious. Do you understand? I want you to keep this knowledge in your unconscious and not to discover it until later this summer. Do you understand? Just as you repressed and forgot painful things in the past, I want you to repress this knowledge until the right time comes for it to burst out into your understanding, so that you can actually have the experience of finding yourself. . . . Do you understand? *And I want it to be a tremendously pleasing surprise to you* (p. 225).

STEP 7: (OPTIONAL) REPETITION OF THE ENTIRE PROCEDURE IN THE NEXT INTERVIEW. It appears that on occasion Erickson had the patient repeat the entire age progression experience in the following session. It may have been that he felt this would further formulate the goals and images at an unconscious level in the patient's mind and provide further repetition of suggestion.

STEP 8: POSTHYPNOTIC SUGGESTION. After the completion of the age projection experience, you may once again give positive, confident suggestions to the patient: "You now know, deep inside, that this is how it will be. You have actually experienced it." "You now know that you can, you are confident. In fact, you have succeeded, and there is nothing that you can do to keep from succeeding again and again" (Erickson, 1980, Vol. 1, p. 172).

Age Progression to Work Through Resistance

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[After the induction, the following suggestions are given:] "It's now (*e.g., 1995, or some year in the future*) and you can see yourself in a situation that is safe and as comfortable as it can be. And I would like for you to tell me when you are there, and how you feel, and how you look."

[If responses are very negative or depressed, then appropriate supportive psychotherapy is helpful, but if they tend, as they often do, to be

positive, then it is important to say:] "Well, I'm glad things are going better for you. I wonder if you could tell me, because frankly I just forget, what it was that helped you the most when you and I were working on this in therapy five years ago? I remember we worked on a lot of things, but what was it that seemed to really make a difference that helped you change your behavior?"

Often the patient will say, "Oh, it was dealing with that issue about my father, or it was helping control my emotions differently from the way I did when I was a teenager," etc. Thus, when we come back to the present, we can often use that insight from age progression which the patient was unable to see prior to projecting himself into the future. Perhaps this technique provides patients with enough distance to look more objectively at their problems and to provide their own answers.

Suggestions Following Age Progression with Public Speaking

Don E. Gibbons, Ph.D.

As a result of your experience, you *know* that without anxiety you can perform efficiently and well before a group. And as you think back upon your experience now, you are feeling a great deal of pride, achievement, and accomplishment in the knowledge of how well you performed.

Imagery of the End Result

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INTRODUCTION AND INDICATIONS

As we have already indicated, age progression may be used with subjects capable of deep trances. However, when time does not permit sufficient trance deepening, with less talented subjects, and in self-hypnosis, end-result imagery may also produce very beneficial results. The following two contributions by Korn and Pratt (1988) model such interventions. Such goal imagery may be beneficial whenever you are working with individuals who have specific goals toward which they are working. These techniques present a very positive approach to promoting behavior change, recognizing that people are motivated from in front, toward goals, as well as being pushed from behind by the influences of the past. These techniques have applicability with business success, sales, athletic performance, and such problems as obesity, smoking, academic achievement, parenting, low self-esteem, and relationship or interpersonal problems. These types of suggestions may also be recorded on tape, along with induction and deepening, for subjects to use for reinforcement at home. (*Ed.*)

SUGGESTIONS

[Following induction.] Imagine now that you are in a very large room. A private, very comfortable room. It may be a room in your own house. It is a room of safety and of comfort. You feel good when you are in this place.

Now imagine yourself seated in a large, comfortable chair. Feel your body sink into the chair. In front of you is a television set with a very large screen. On your chair are buttons and dials that will allow you to control every aspect of this television set.

Now in your mind, formulate a goal that you would like to work on. It can be any goal—short-term or long-term. It can be a goal related to your personal life, or to your job. Now turn the television set on and allow a picture to appear. You see yourself. You are experiencing the goal, already achieved. You have done it. Imagine a scene that could only take place if you had accomplished your goal. [Pause]

Experience the scene fully. Use the fine controls of the television set to slow the scene

down, to study the details. Make it move more quickly. Add people, or change the set or the music. It's your program, it's your goal.

Now feel yourself being drawn into the picture, so that you become the person on the screen. Instead of looking into the television set, you are merging with the person who accomplished the goal. Again, this could only take place if your goal was achieved. Spend the next few moments completely experiencing the imagery of your fully realized goal. [Awaken the subject upon completion.]

Mental Rehearsal: The Protective Shield

Errol R. Korn, M.D., and
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[Following induction:] To experience your personal power, you must be certain that you are a special person, a person who truly contributes to the community. You can be that person. You are already becoming that person. Now, you need to find the safety and protection that you need. And then, you can begin to step forward, to take the risks that will allow you to make the changes that you need to make in the world and in your life.

Imagine, all around you, a protective shield, or a bubble. The shield, or the bubble, is completely transparent. It can be as far away from you as you please, or as close to you as your second skin. You are in control—you choose the size and shape of your protection. The bubble is visible only to you. Nobody else can see it. It is like a one-way mirror; you move outward, but only the things that you allow in, will get in. You can choose who, or what you want inside the bubble—people, ideas, incidents, physical surroundings. You can keep your fears outside the bubble.

Spend the next few moments experimenting with the bubble. Experience it. Make it larger. Make it smaller. Feel its texture, or consider its absence of texture. Move around within it. Feel it move around you. [Pause] Practice using the bubble, not only while you're listening . . ., but at anytime when you are relaxed and safe. The bubble is your own place, a place where you are completely safe and in control.

As you begin to feel your own breathing, and the energy that it brings back to your body, focus on this idea: This protective shield will help you to become more powerful. You will be able to express your personal power, more and more, with every day that passes. Your strength will come from inside of you. Virtually anything will be possible. And your power can affect others. Not only will you believe in yourself; others will believe in you as well. You will be able to feel this energy come up from within you, whenever you wish.

Now, as you have done before, breathe the energy back into your body. Feel the energy move to all parts of your body. When you are completely back in the present time, simply open your eyes, feeling alert and awake.

Mental Rehearsal of Presentation and Sales Skills

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Bring to mind a presentation that you have to make in the near future. It may be a sales presentation to a client, it may be a speech to a gathering of your peers or your superiors, it may be a simple meeting. Imagine yourself getting a good night's sleep—focus on feeling as though you're falling asleep . . . and that you're waking refreshed. Imagine dressing as you would dress on the day of the presentation, feeling very good about yourself. You are smiling.

At the place where the presentation is to take place, imagine yourself walking into the room. Your audience, or your client, is eagerly awaiting your arrival. You are several minutes early, comfortably early. There is little pres-

sure. The people are interested in what you have to say.

Before giving your presentation, take a deep breath. Use your physical cue, touching your thumb and your finger together on your nondominant hand. For a brief moment, visit your place of safety. Imagine your protective shield around you. And now, return to the meeting.

Imagine the faces and the potential questions. The real questions. Imagine the points that you will cover. Understand each question beyond just the words; you understand WHY each question is asked, what the underlying emotional concerns would be. You are intuitive, you are sensitive to their thoughts and ideas.

Now imagine the result. A positive result. A handshake, a job well done, the sale closed, the promise of a contract. The nods of approval, the smiles, the anticipation of working together again. A standing ovation from your public speaking audience.

Next, picture yourself under the worst possible conditions. The room is noisy, the people are not at all cooperative. They're rude. They're interrupting you. You're forgetting your key points. You're losing your cool. After imagining the worst possible conditions, you feel better. You know that the presentation will seldom become as rough or as difficult.

You are back in control. You are again in the positive environment. People want to buy what you have to sell. They are very pleased to see you. You rehearse the presentation once again. Take your time; think through every point. . . .

Now, as you have done before, breathe the energy back into your body and feel the energy move to all parts of your body. When you are completely back in the present time, simply open your eyes, feeling alert and awake.

Suggestions for Goal-Imagery

Alcid M. Pelletier, Ed.D.
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You remember that we use hypnosis in age regression, to help you go back to deal with an issue or event you did not understand, to settle some unfinished business. We all live in the present, which tomorrow will be the past, and the future becomes the present. Time is always moving. You can see the future in fantasy to make the present move progressively happy and successful.

Fantasies are good to have. Unrealistic fantasies can be fun and entertaining, then discarded as one would shut off a TV set. Realistically achievable fantasies can provide the material for you to establish and work at accomplishing your goals. Then, when the tomorrows become the present, fantasies will become realities.

Just as you went *down* the road, or a corridor, or stairs to go back into the past, you can go *up* that same road, corridor, or stairs to envision your future. You can see the pleasant future happening to you, or, if you prefer and it is more helpful, you can be an observer watching it happen to someone else. And then afterwards, you can imitate the model. You may select either method; simply select the method which will give you the greatest revelation and that will be the most beneficial to you.

By looking into the future, you are establishing goals—let's say five-year goals. For the present, you will need to determine how to really make it happen so it won't always remain a fantasy. To do so, you will break that five-year goal into five shorter one-year goals. Each of these years will be broken down into 12 months. Each of those months will be broken down into weeks. Thus, each week you are achieving some of your goals, until you realize that the future is now. You can write all those goals down after you come out of hypnosis, and then, on a weekly basis, review your pleasurable and successful progress. Looking into the future, you are concerned about relationships. See them as you desire them to transpire. [Pause] You are concerned about a career, work, an occupation. See that self efficiently functioning in the choice of work. [Pause] You are concerned about health possibly. You are concerned about finances. See the process unfold without careless debt. [Pause] You can

also see interest in hobbies, recreation, travel, personality improvement or whatever you realistically desire, and see the process you must go through to realize these achievements. [Pause] You are making things happen, even some things that you haven't done before, but that you can realistically accomplish.

Now you won't be saying, "When I get around to it . . .," "One of these days, I'll . . .," "When I get the chance, I will . . .," or "Soon, I'll. . . ." Instead, you will make things happen. You are making some things happen now. There is power in this, and you can come to realize that the future is now.

End-Result Goal Imagery for Sales Productivity

Don E. Gibbons, Ph.D.

Now I would like you to think of some major incentive which you are working toward, and which you would like to achieve in the future. It might be taking an ocean cruise, or seeing a child graduate from college, or building your dream house—in fact, it could be almost anything. But whatever it is, this goal should be an important one, and one which is within your power to achieve as a result of your own efforts.

And when you have the goal firmly in mind, I would like you to picture yourself transported into the future, savoring the fruits of your achievement and enjoying the knowledge that the goal for which you have worked so long and so hard is finally yours. Continue to hold the image in your mind, and to focus on it, and soon it will be just as if you were really there.

Let yourself begin to live the experience now. You have achieved what you have set out to attain, and the fruits of your efforts are yours to enjoy. Live the fulfillment of your goal and allow yourself to experience all the joy and the satisfaction which come from knowing that your ambitions have at last been realized. Let yourself savor the thrill of achievement and bask in the warm rewarding glow of a job well done.

And as you allow yourself to let go completely and experience this event fully, savoring your triumph and all its fruits, the feelings of satisfaction and achievement are becoming clearer and sharper and more intense with every passing moment.

In a little while, I'm going to return you to the present time. But until I do, let yourself continue to enjoy the fulfillment of the goal which you have worked so hard to attain, as the feelings of achievement and satisfaction continue to grow, and each passing second finds them stronger than they were before.

[After a two-minute interval of free fantasy:] It's time to return to the present now, to the time from which you left. You are beginning to return to the present time, and the scene you have been experiencing in your mind is beginning to fade, but you will still remain in trance for a while, until I bring you out. You will feel renewed and recharged as a result of your experience, and you will possess a heightened resolve to succeed in the attainment of your goal.

And now the scene is fading more and more, almost gone. Now the scene is completely gone, and you are back with me in the present. You are feeling renewed and recharged, and more determined than ever to succeed in the attainment of the goal you have envisioned, for its benefits and attractions are now so much more clearly apparent than they were before.

Erickson's Self-Suggestion Technique

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INDICATIONS

This technique is included in this section on goal-directed hypnotherapy techniques because it is a procedure that assists the patient in focusing on the future and on establishing

highly specific goals. This is also a technique with particular value for "resistant" patients who will not accept direction from authority, and with "scalp collectors" who have been to many therapists without success. Such patients often come to hypnotherapy seeking a "hypnotic miracle" after everything else has failed. This procedure places the burden of responsibility for results on the patient himself, rather than on the therapist trying to promote change. It will probably be most effective with intelligent patients who basically already possess insight concerning what they need to do, but who are not translating insight into action.

After this method has been used successfully and a patient has found it effective, it may also be recorded on tape for use in self-hypnosis, having the patient speak inwardly to him or herself. Erickson originally used the procedure itself as a hypnotic induction, having patients speak with their eyes closed. However, when there is no resistance to induction itself, I prefer to induce trance before using the procedure.

THE TECHNIQUE

[Induce a trance and then suggest:] You can speak in a hypnotic state, without awakening, just as you can talk in the dreams of the night. And in a moment, still remaining in a hypnotic state, I want you to begin to review your problem and your goals. I want you to review your problem and goals slowly, thoughtfully, and carefully. And as you do so, simply the sound of your voice, will take you deeper and deeper into a hypnotic state, in which you can continue talking to me, without any interruption of your story and review. So, in a moment, as I tell you to begin, you can slowly, thoughtfully describe your problem from beginning to end. Describe your problem in detail, and the very specific goals you have for yourself, going deeper and deeper into trance as you speak. Now, begin to slowly describe your problem." [Pause for the patient's description.]

Good. Now in a moment I want you to speak again. I want you to slowly, carefully, and thoughtfully indicate what you need, and what you want. And as you *slowly* speak, with each word, your unconscious mind can take you deeper and deeper into trance. The mere sound of your voice, will take you into a deeper and deeper state, in which you can continue to talk to me, listen to me, answer questions, and do anything asked of you. And you will find yourself in such a deep state, that you will be under a most powerful compulsion, to do precisely what is indicated. Now, meditatively, thoughtfully, slowly, review precisely what you need and what you want. [Pause. If necessary, occasionally help the patient to be more specific, for example, by asking, "When?" "How often?"]

All right. Now continue to drift into a deeper, and sounder trance, deeper with every breath you take. And as you continue to go deeper, in a moment I'm going to have you outline the therapy, and the actions that will be necessary, to accomplish what *you* want. Once again, as you speak, you will continue to go into a deeper, and more profound trance, with every sound of your voice, and with every word you speak. Simply the sound of your voice, will take you into such a deep hypnotic state, that you will find yourself compelled and constrained, to do exactly that which is indicated. So, in a moment, when I stop speaking, I want you to slowly, thoughtfully, meditatively, describe specifically what you will need to do. Now, slowly, thoughtfully, describe exactly what you need to do. [Pause. As necessary, very briefly question the patient for greater specificity and detail.]

Very good. And continue drifting deeper, and deeper into comfort. In a moment, I'm going to ask you to speak again. And I want you to specify in great detail, precisely what's necessary, and exactly what *you will do*, so that you'll reach your goals. As you speak, you can do so with an increasing effortlessness, allowing your unconscious mind to take over, and take you into a deeper, and more profound trance, with each sound of your voice. And you find yourself in such a deep trance, that the things you indicate are necessary, the sugges-

tions you give to yourself, will profoundly influence your thoughts, and feelings, and actions. You are in such a deep trance, that you will feel impelled from deep within you, to do precisely what is indicated. Now, thoughtfully, slowly, and in detail, indicate exactly what *you will do*, so that you'll have what you want. [Pause]

Very good. Now just rest, into an even deeper, and sounder state, as each breath takes you into a deeper hypnotic sleep. [Pause] Now in a moment, I want you to speak again. And once again, as you speak, each sound of your voice will take you deeper; so deep, that you'll find yourself under a most powerful compulsion, to do exactly what is indicated. Now I want you to slowly, emphatically, and in full and comprehensive detail, to affirm again, precisely what *you will do.* [Pause]

[Repeat this last step once or twice more to provide repetition of suggestion.]

Now before awakening you, I want to point out, that I have offered you no advice or suggestions. Every suggestion has come from you, yourself. And these suggestions will sink deep into your unconscious mind, and profoundly influence your thoughts, and feelings, and your behaviors. And you will find yourself under a powerful compulsion, arising from deep inside you, to do everything that you have indicated. You will feel unconsciously impelled, deeply compelled, to do the things that you yourself have indicated. [Awaken the patient.]

TIME DISTORTION TRAINING

Training Patients to Experience Time Distortion

Linn F. Cooper, M.D., and
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In this section, those techniques will be considered whereby a subject, already trained in the production of the more common phenomena characteristic of the trance state, is taught to experience time distortion and to perform the various sorts of tasks discussed in this treatise.

Although a small percentage of "good" subjects will produce many of the phenomena under discussion on the first attempt to elicit them, it is most important for investigators to realize that the training of subjects for time distortion in hypnosis usually requires considerable time, effort, and skill. Methods that succeed with one subject may fail with another, and a keen appreciation of, and sensitivity to, the delicate interpersonal relationship involved in hypnosis is of paramount importance, along with resourcefulness, and the willingness to try original and varying approaches. By and large, training in time distortion requires from three to 20 hours (best spent in daily sessions), not including the time required for the training in hypnosis per se. Furthermore, once learned, the ability decreases with lack of use and retraining may then be necessary to restore the former level of proficiency. With sufficient effort, and the proper technique, the phenomenon can probably be produced, to varying degrees, in the majority of subjects. A casual approach to the work is almost certain to lead to disappointment.

In general, it may be said that time distortion, and related phenomena, depends upon a high degree of withdrawal, by the subject, into his hallucinated world, with an accompanying lack of awareness of his surroundings as such. This state of detachment, in which the subject becomes completely engrossed in his hallucinatory experience, constitutes the first goal in training. When achieved, subjects will report that, during their task performance, they were quite unaware of their surroundings. Indeed, some subjects have reported that, at the termination signal, they experienced a slight "jolt" or "shock." One subject gave evidence of her

engrossment in a different world by referring to the termination of the task by saying, "When you *called me out*, I was combing my hair." When she said this, she was still in the trance state, reporting on the performance of a just-completed task. Sudden noises likewise will "jolt" a subject who is hallucinating during time distortion, and sometimes they will destroy the production.

A most helpful suggestion to encourage withdrawal from the physical world is, "*During these experiences you will be completely unaware of your surroundings in the waking world.*"

Prior to the starting signal, while the experimenter is assigning the task, subjects generally think about what they will do. Then, with the starting signal, well-trained subjects find themselves in the hallucinated world, living the assigned experience. This may or may not proceed along the lines they had planned, but it generally satisfies the conditions stipulated in the instructions, and is subject to volitional direction by the subject. Thus, not only does he do what was suggested to him but, within this limitation, he will carry out decisions as he is faced with them, just as he does when awake. One subject, for instance, whose wrist became uncomfortable while hallucinating the writing of a large amount of material, interrupted the writing long enough to go into the bathroom and put some alcohol on the lame wrist (this was, of course, hallucinatory activity only, and involved no actual movement).

The well trained subject does not consciously construct the details of his hallucinated world, but rather finds himself among them. In other words, whatever be the mechanism of fantasy production, it is spontaneous and effortless. This is in sharp contrast to the case of the waking subject who is asked, say, to imagine that he is looking at his house. Here he is likely deliberately to construct the image from his knowledge of it, and this is accompanied by more or less effort, depending upon how good a visualizer he is. And even then his productions generally lack what Dunne refers to as "reality tone," which is so characteristic of hallucinatory experience. One of our subjects exemplified this in describing how he went about putting himself into a self-induced trance state. He said, "I first imagine myself in a certain situation as, for instance, lying on a rubber raft off a beach. I look about me and visualize the raft, the water, and so forth, and imagine that I feel the warm sun on my back and hear the waves. After a while, *everything comes into focus*, and I'm 'actually there.'"

We have always used the word "Now" as a starting and termination signal, and have avoided concurrent reporting almost entirely. Concurrent reporting is the reporting on an experience, by the subject, as he is actually living it, and is, of course, common practice in experimental hypnosis. We avoid it because we believe that it tends to prevent the subject from becoming detached from his surroundings in the physical world, and hence from learning time distortion. Obviously, experience proceeding in distorted time cannot be reported concurrently, for it proceeds too rapidly relative to world time.

It would seem that reality tone is in some way dependent upon a free flow of material from the unconscious. Since most persons dream, it may be well to cite dreams, pointing out to the subject that they are a form of hallucinatory experience, that they show reality tone and time distortion, and that the dreamer is quite unaware of his surroundings. This will give him an idea of the sort of thing that we are after. And in order to encourage a free and spontaneous flow of material from the unconscious, it is probably advisable to instruct the subject to permit free association to guide his imagery during his early training. Some such suggestions as the following may be used:

"When I give you the starting signal by saying, 'Now,' you will let some sort of visual image, or scene, come to you. It makes no difference what it is. As you watch, other images will come, of their own accord, one after another These images will become more and more clear and more and more real, so that eventually you will find yourself 'actually there' in another world. You will be a part of that

world, which will be just as real as the waking world, and you will truly live such experiences as you have there. After a while I shall say to you, 'Now, make your mind a blank,' whereupon a hallucinatory activity will cease. I shall then ask you to tell me what you saw or did, but you need tell me only what you wish of your experience."

The subject is thus introduced to the use of a starting signal and a termination signal.

The subject should be allowed several minutes (allotted time) for such an exercise.

The next step is to assign definite tasks. These tasks should be familiar ones, and the instructions should be as general as possible. This permits the subject a wide range of action, with a minimum of limitations. We may simply instruct him to do anything he wishes. At first we may tell him that he is to *imagine* himself in such a place, or doing such and such a thing. Soon we discontinue the use of the phrase "to imagine" and tell him that he *will be* in such a place, or *will do* so and so, adding that "*it will be very real, so that you will actually live the experience.*"

As training progresses, a series of tasks is run with completed activities. In these, it is important to assure the subject, after the activity suggestion, that he will "have plenty of time between signals to complete the task." In order to be certain that the allotted time is long enough for him to complete the task, it may be assigned first with no allotted time, allowing the subject to signal when he has finished. Having noted the world time, the task is then repeated, using the world time as the allotted time. By employing this technique with a number of tasks, the subject is introduced to the use of completed activities that he can finish within an allotted time.

Examples of such tasks follow:

"When I give you the starting signal by saying 'Now,' you will . . .

". . .take a walk."
". . .buy a pair of shoes."
". . .watch a movie 'short'."
". . .order a meal in a restaurant."
". . .draw a picture."
". . .polish your shoes."
". . .change a tire on a car."
". . .hear a record."

Here again, a report of each task, with its seeming duration, should be obtained.

Early in training, the seeming duration may be way out of proportion to the amount of activity reported. As the work progresses, this disproportion tends to disappear, and the amount of activity becomes more appropriate to the experiential time.

Next, continuous activities with a suggested personal time and an allotted time are introduced. The "finishing" of such activities consists, of course, in the activity having continued for the suggested personal time. Here again, it may be well to run the activity first as a task without an allotted time, allowing the subject to signal when he has finished. It can then be repeated, using the world time interval as the allotted time. With this, the subject should be assured that "when the time (suggested personal time) is up, the termination signal will be given." These activities are introduced by telling the subject that he will be at a certain place, or doing a certain thing. *The reliving of pleasant past experiences is a type of task that is useful at this stage of training.* However, any familiar type of activity is quite satisfactory, such as the following:

"When I give you the starting signal by saying 'Now,' you will . . .

". . .be at a beach."
". . .be in the country."
". . .be in school."
". . .be at work."
". . .be on a vacation."
". . .be taking a walk."
". . .be at a movie."
". . .be taking a drive in a car."
etc.

The subject should be asked for a report after each task, and the seeming duration of the experience should be asked for. Time distortion will soon become evident to the experimenter and, at some point in the training, it is advisable to point out to the subject the difference between the seeming duration and the clock

reading during his experiences. This will help him to realize that time distortion is a fact, and that he himself can experience it quite naturally. In this way, the subject will become accustomed to finishing "completed" activities and "continuous" ones (with a suggested personal time) within an allotted time.

The next step is to run a series of tasks, either completed or continuous (with suggested personal time), using at first an allotted time long enough to permit the subject to finish the task and then, in repeating it, gradually to decrease the allotted time in steps of from 10 seconds to 30 seconds. The subject, "caught short" at first, will soon learn to adjust to the shorter allotted time, and will fit his hallucinatory experience into the interval allowed him, without hurrying or compromising in any way. Thus he learns to work with short allotted times. How far the process can be carried is not known at present.

A few words are in order concerning *suggested personal time.* This is used, as a rule, only with continuous activities, and may be introduced by such an expression as, "*You will spend 10 minutes (of your special time) doing so and so.*" Or, the experimenter may say, after the activity instructions, "*You will do this for 10 minutes.*"

Some subjects readily accept this early in their training; others have difficulty doing so. The difficulty seems to arise from at least two factors—a residual awareness of surroundings and consequently of world time, and a deep conviction that it "just is impossible." Practice, and use of a deeper trance, will help overcome the first difficulty. With the second, it may help to point out to the subject that he has on many occasions during his training himself experienced the variability of subjective time in relation to world time. The results of some of his earlier tests will convince him of this when shown to him.

Repeated assurance, to the subject, that he will have plenty of time for his task is of great importance during training, and should be used frequently. Such suggestions should be given with conviction, and it is often wise to repeat them many times. Examples are:

"You will have plenty of time."

"You will not have to hurry."

"You will have all the time you need."

"Relax and take your time."

"You can loiter over it if you wish."

"Remember, you have an unlimited supply of special trance time at your disposal, so take as much of it as you need."

"You are to do this slowly, without hurrying."

We have found the following technique useful, at times, in teaching the subject to work with short allotted times. It consists merely in suggesting a series of 10 tasks, each with an allotted time of 10 seconds, with reporting deferred until the series has been completed.

0 sec.: "When I give you the starting signal by saying 'Now,' you will get a haircut . . .

10 sec.: "Now."

20 sec.: "Now, blank. At the next signal you will wash your car . . ."

30 sec.: "Now."

40 sec.: "Now, blank. At the next signal you will buy a pair of shoes . . ."

50 sec.: "Now."

etc.

Another helpful technique is to repeat a given task over and over, keeping the allotted time constant. Although the subject may not be able to finish it at first, he often will learn to do so, without hurrying in the slightest, after repeated attempts. This will facilitate high degrees of time distortion in subsequent tasks.

To encourage progress, the activity instruction should be followed by such suggestions as the following, given repeatedly, and with conviction:

"You will finish this, without hurrying."

"Remember, you're going to finish this task, and you won't hurry."

"You will take as much time as you need to finish the task without hurrying."

"You will finish the task."

A most interesting technique, learned from Erickson and applicable to a very wide range of suggestions is, after an affirmatory suggestion, to ask the subject the question, "*Won't you?*" thus:

"You will finish, won't you?"

The subject, in answering "Yes," increases the likelihood of his carrying out the suggestion.

This technique may be used with commands in the following way: "Take as much time as you need in order to finish the task. You'll do this, won't you?"

Even further affirmatory reinforcement may be obtained by adding, "Are you sure?" after the subject has answered "Yes" to the above question.

As is pointed out elsewhere, the hallucinatory productions with which we deal in these experiments are, in certain important respects, different from most dreams. On the other hand, the nocturnal dream is the commonest form of experience that resembles them, and in which time distortion is present. Therefore, *in some subjects, production of a few hypnotically-induced dreams may serve as a useful introduction to hallucinatory experience of the sort we seek to develop*. If the dreams are produced, we explain to the subject that we shall ask for no more of them, but shall strive for productions that are identical with waking experience, that are continuous, "real" experiences, which he will actually *live*. Thus they will "make sense," and will be rich in detail, and will contain no omissions or gaps. We must frequently suggest that *the experiences will be "very, very real, so that you will actually live them*." This is extremely important.

At some point during training, it is desirable to discuss time with the subject. How this is done will vary with different experimenters. We generally employ some such approach as the following:

"*There are two kinds of time: one, the time the clock tells us, the other, our own sense of the passage of time. The first of these is known as physical, or solar, or world time. It is the time used by the physicists and the astronomers in their measurements, and by all of us in our work-a-day life. The second is called personal, or subjective time. Einstein refers to this as 'I-time.'*

"*It is this subjective time that we are most interested in here. One of the most important things about it is that it is very variable. Thus, if several persons are asked to judge the length of a five minute interval as measured by a clock, they may have very different ideas as to the duration of the interval, depending upon the circumstances in which each person finds himself. To those who were enjoying themselves, or who were absorbed in some interesting activity, the interval might well seem shorter. On the other hand, to those in pain or discomfort, or anxiety, the five minutes would seem much longer. We call this time distortion, and the most familiar example of it is found in the dream. You yourself have probably often noticed that you can experience many hours of dream life in a very short time by the clock.*

"*Now, it has been repeatedly demonstrated that subjective time appreciation can be hallucinated just as you can hallucinate visual or auditory sensations, in response to suggestion during hypnosis. The subject thus actually experiences the amount of subjective time that is suggested to him. So, in a sense, you have a 'special time' of your own, which you can call on as you wish. Moreover, you have an unlimited supply of it. It is the time of the dream world and of the hallucinated world, and since it is readily available, you will never have to hurry in these tests. Furthermore, it bears no relation whatever to the time of any watch, which, consequently, you will ignore.*

"*Knowing these things, you can now relax and take your time*."

Certain suggestions other than those pertaining to specific tasks have proved useful. Among these are the following:

"*As we practice these tasks, they will become easier and easier for you*."

"*With practice, the experiences will become more and more clear, and more and more real, so that you will actually live them*."

"*With each experience, you will go deeper and deeper asleep*."

"*The experiences will come of their own accord, promptly and effortlessly, when I give you the starting signal*."

"The experiences will stop immediately, as I give you the termination signal."

Throughout the training, advantage is taken of the following:

1. The inherent tendency toward spontaneous time distortion in hallucinated activities.
2. The effort and the need on the part of the hypnotized subject to carry out suggestions, especially to finish a completed activity.
3. The fact that, at the beginning at least, familiar activities are more readily hallucinated than unfamiliar ones.
4. The fact that the interest and curiosity of the subject, and his feeling of being productive, tend to improve cooperation and performance. Advantage can be taken of this by giving him sufficient understanding of what he is doing so that he accepts and does not reject it.
5. The tendency to improve with practice.

In all training, it is of utmost importance for the experimenter to give the subject his undivided attention when addressing him. Subjects are quick to detect the slightest deviation from this approach, and may resent highly any evidence that they themselves are not the sole object of the experimenter's interest and attention. Thus, they can often tell, by changes in his voice, when the experimenter is thinking of something else, or turning his face away, as in looking at his notes, etc., even though their eyes are closed.

It must be remembered that subjects vary widely in their capabilities as regards time distortion in hypnosis. After a few hours of training, the experimenter will have obtained a fair idea as to a given subject's ability to acquire this skill. For routine experimental work, it has been our policy to continue training with only those who are promising.

Summary of Suggested Steps in Time Distortion Training

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1. *Experiencing a continuous activity without suggestions for personal time.* Example: "You are listening to a record."
2. *Experiencing a continuous activity with suggestions for personal time.* Example: "You're going to listen to a record for 15 minutes."
3. *Experiencing a completed activity without suggestions for personal time.* Example: "You're going to cook a meal."
4. *Experiencing a completed activity with suggestions for personal time.* Example: "You will spent 15 minutes cooking a meal."
5. *Experiencing a continuous activity, in an allotted period of time, without suggestions for personal time.* Example: "You're listening to a record." [Subject is allotted two minutes, without telling him or her the amount of time.]
6. *Experiencing a continuous activity, in an allotted period of time, with suggestions for personal time.* Example: "In the next two minutes you're going to listen to an entire record, and you'll find that you have all the time you need." [Subject is allotted a certain number of minutes, and on subsequent trials, the amount of time is reduced.]
7. *Experiencing a completed activity, in an allotted period of time, without suggestions for personal time.* Example: "You're going to watch a television program, without hurrying, and will have all the time you need." [Subject is allotted three minutes, without telling him or her how much time is allotted.]
8. *Experiencing a completed activity, in an allotted period of time, with suggestions for personal time.* Example: "In the next three minutes of time by the clock, you're going to watch one of your favorite TV programs, without any sense of rushing. And you'll find you have plenty of time to thoroughly enjoy it."

After each experience, patients may be questioned about their experience. For example: "Tell me what you experienced." "What was that like?" "How long did it seem to you?" "Were you able to finish?" "Was it real to you?" "Did you experience it from beginning to end?"

USE OF A METRONOME IN FACILITATING TIME DISTORTION

A metronome may be used to facilitate time distortion in an office or experimental setting. The hypnotized patient may be told: "In a moment I am going to turn on a metronome, and it will tick at one tick per second. I would like you to listen to the metronome carefully, as it makes a sound once each second. And you will continue hearing the sound of the metronome in the background of your awareness, as it continues to make one sound each second. And with each sound of the metronome, you'll go deeper and deeper into trance. And the metronome will beat once each second, and each sound will take you deeper."

The therapist subsequently has two options. First, after a period of time, the metronome may be gradually slowed down (e.g., to one beat every 2–4 seconds), or speeded up (e.g., to 2–4 beats/second). Patients will typically become lethargic, depressed and slowed in motor behavior when the metronome slows down. They will become hyperactive, happier, and finally manic as a metronome is speeded up. Second, the metronome may be left at the same speed, but it may be suggested that it is slowing down or speeding up. For example, "As you listen to the metronome, it will begin going faster and faster." This method often produces impressive demonstrations, but is more limited in clinical applications.

TIME DISTORTION IN EXPLORATORY HYPNOSIS

Psychotherapists will particularly find it instructive to review case reports in Erickson's (Cooper & Erickson, 1959) chapter on clinical and therapeutic applications of time distortion. Brief elaboration of one of these cases may prove instructive.

A dental hygienist consulted Erickson for a phobic response of anxiety, nausea and fainting at the sight of blood. She wanted hypnosis to remedy the problem, but to not let her know until it was over. After inducing a somnambulistic trance "the suggestion was offered that, first of all, it might be well to have her experience, as a means of keeping her hypnotized [as she desired] and as a measure of giving her satisfaction, the various common phenomena of the hypnotic trance" (p. 177). Trance training in the hypnotic phenomena was conducted for another 50 minutes.

She was then told, while still in trance, that there remained a couple more phenomena which she could enjoy. One of these was related to time and would really center around a stopwatch, which was exhibited to her. With every effort to be instructive, she was reminded of the rapidity with which time passed when she was pleased, how slowly when bored, the endlessness of a few seconds' wait for an intensely regarded outcome of a matter of doubt, the rapidity with which a mere word could cause to flash through the mind the contents of a well liked book or the events of a long, happy trip and the tremendous rapidity and momentum of thought and feelings.

Against this background, a detailed elaboration was presented of the concept of distorted, personal, special or experiential time as contrasted to clock time. Extensive discussion was also offered of the "normal tempo" of distorted or experiential time.

When she seemed to understand, the explanation was offered that this hypnotic phenomenon could be initiated for her by giving simple instructions which she could easily accept fully. These instructions would be followed by the starting signal of "Now," at which time the stopwatch would be started. Then, when the phenomenon had been completed, she would be told to stop. This explanation was repeated until she understood fully.

Then with compelling, progressive, rapid, emphatic, insistent intensity, she was told, "Begin at the beginning, go all the way through in normal experiential tempo with a tremendous rush of force, skipping nothing, including everything, and reach a full complete understanding of everything about *Blood–Now*."

She reacted to the word "blood" by a violent start, trembled briefly, became physically rigid, and clenched her fists and jaw. She appeared to be in acute physical distress but too rigidly involved physically and mentally to break into disruptive actions.

Twenty seconds later, at the commend "Stop," she relaxed, slumped in the chair and breathed hard. Immediately she was told emphatically, "You now

know, you understand, you no longer need to fear. You don't even need to remember when you are awake, but your unconscious now knows, and will continue to know and to understand correctly, and thus give to you that ease you want." She was asked if she wished to awaken or to think things through. (Cooper & Erickson, 1959, pp. 177–178) [This was successful in resolving her problem.]

This case illustrates how Erickson seems to have often used time distortion in the process of unconscious exploration. He would train patients to experience time distortion, sometimes taking them through the kinds of hypnotic training exercises discussed in the previous section. Then, in the guise of another training "experiment," he might give the following type of suggestion:

You have many times taken a trip in a car and enjoyed it immensely. The car was moving very rapidly. You saw this sight, you saw that scene, you said this, you said that, all in an ordinary way. The car moved fast but you were sitting quietly, just going along. You could not stop the car, nor did you want to. The telephone poles were so many feet apart and they came along one by one and you saw them pass. You saw the fields and they passed by, large fields, small fields, and you could only wait quietly to see what would be in the next field, and to see whether the next house would be brick or frame. And all the time the car went along and you sat quietly, just saw, you thought, all in your own way, at your own speed, just as it happened, and the car just kept going. You did not need to pay attention to the car, *just to what next would happen*, a field, a house, a horse or *whatever was next*.

However, this experiment will not be a car ride. I have just used it to explain more fully to you. I could have described going through the cooking of a dinner—peeling potatoes, washing carrots, putting on pork chops—*anything that you could have done.*

Now I'm going to give you much more time than you need to do this experiment. I will give you twenty seconds of world time. But in your special time, that twenty seconds will be just as long as you need to complete your work. It can be a minute, a day, a week, a month or even years. And you will take all the time you need.

I will not tell you yet what your experiment or task is. As soon as you nod your head to show that you are ready, I will start the stopwatch and give you the signal *now* and very rapidly I will name the task [as had been done in previous "experiments"] and you will start at the beginning of it, the very beginning, and go right through to the end, no matter how far away it is in time. Ready? All right, listen carefully for the click of the watch, my signal, and the name of the task. *Now—from Childhood to Now—Remember!* (The *Now* was repeated as literally a double signal.) (Cooper & Erickson, 1959, p. 171) [Twenty seconds later this patient was told to stop, asked if she was through, and asked if she would be willing to share what had been reviewed after awakening.]

In a similar case, following training to "systematically" teach the patient "a working knowledge of time distortion," Erickson gave the following suggestions:

With this stopwatch I will give you an allotted world time of twenty seconds. In your own special experiential time, those twenty seconds will cover hours, days, weeks, months, even years of your experiential life. When I say "Now," you will begin the experiment. When I say "Stop," you will be finished. During that twenty seconds of world time, you will sit quietly, neither speaking nor moving, but mentally, in your unconscious, you will do the experiment, taking all the experiential time you need. This you will do thoroughly, carefully. As soon as I give you the starting signal, I will name the experiment and you will do it completely. Are you ready?

Now—Go through all the causes of your problem. *Now.*

Stop. (Cooper & Erickson, 1959, p. 185)

It is interesting to note how Erickson talked about providing "intensive" and "systematic" training to patients who were excellent hypnotic subjects. Most of these patients could have undoubtedly responded at least to some extent to brief, straightforward suggestions for time distortion. Nonetheless, Erickson invested the time to "train" these patients to respond more fully when he anticipated using time distortion as an important aspect of his intervention.

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